

NATURE AND OBJECT OF ACTION

The object of the above action is to foreclose a Mortgage held by the Plaintiff and recorded in the County of Tompkins, State of New York as more particularly described in the Complaint herein

TO THE DEFENDANTS, the plaintiff makes no personal claim against you in this action.

TO THE DEFENDANTS IF, AND ONLY IF, you have received or will receive a Bankruptcy Discharge Order which includes this debt, the plaintiff is solely attempting to enforce its mortgage lien rights in the subject real property and makes no personal claim against you. In that event, nothing contained in these or any papers served or filed or to be served or filed in this action will be an attempt to collect from you or to find you personally liable for the discharged debt.

YOU ARE HEREBY PUT ON NOTICE THAT WE ARE ATTEMPTING TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK
United States of America Acting Through the
Rural Housing Service or successor Agency
United States Department of Agriculture

CASE NO. 3:19-CV-161 [TJM/DEP]

Plaintiff,

-against-

COMPLAINT

**ACTION TO FORECLOSE
A MORTGAGE**

Thomas H. Personius, as Voluntary Administrator of the
Estate of Susan M. Kennedy aka Susan Marie Kennedy, deceased;
Amy Carl; Geanne Kilts aka Jeannie Kilts;
Brian Leslee Dennis; Unknown Heirs of the Estate of
Susan M. Kennedy aka Susan Marie Kennedy, deceased;
New York State Department of Taxation and Finance;
New York State Affordable Housing Corporation;
“JOHN DOE #1-5” and “JANE DOE #1-5”, said names
being fictitious, it being the intention of plaintiff to
designate any and all occupants, tenants, persons or
corporations, if any, having or claiming an interest in
or lien upon the premises being foreclosed herein,

Defendants

The plaintiff herein, by its attorney MANFREDI LAW GROUP, PLLC, complains of the
defendants above named, for its cause of action, and alleges:

1. This court has jurisdiction under the provisions of Title 28, United States Code, Section 1345.
2. The plaintiff, UNITED STATES DEPARTMENT OF JUSTICE, NORTHERN DISTRICT OF NEW YORK, having an address of 441 SOUTH SALINA STREET, ROOM 356, SYRACUSE NY 13202-2455 is authorized to issue loans to borrowers by and through the Department of Agriculture.

THE NOTE AND MORTGAGE

3. That on or about April 21, 1999 Susan M. Kennedy for monies loaned and for the purpose of securing to lender/plaintiff or its predecessor, its successor and assigns, a sum of money, duly executed and acknowledged a Promissory Note in the amount of \$50,161.00 at an interest at the rate of 6.3750% and agreed to repay said sums in monthly principal and interest payments each and every month.
 4. A copy of the Promissory Note is attached as Exhibit A.
 5. That as security for the payment of said indebtedness, a Mortgage was executed acknowledged and delivered to the stated lender/mortgagee/plaintiff its successor and assigns under certain conditions with rights, duties and privileges between the parties as described therein.
 6. A copy of the Mortgage is attached as Exhibit B.
 7. The Mortgage was recorded on April 21st, 1999 at Liber 1290 page 306 in the Tompkins County Clerk's Office.
 8. The "Mortgaged Premises" is 40 Valley View Road, Spencer, NY 14883 Section: 17 Block: 1 Lot: 27 and Valley View Road, Spencer, NY 14883 Section: 17 Block: 1 Lot: 59 described herein annexed as "Schedule A".
 9. Upon information and belief, the subject Mortgaged Premises is abandoned.
 10. The plaintiff is the owner and holder of the subject mortgage and note, or has been delegated the authority to institute a mortgage foreclosure action by the owner and holder of the subject mortgage and note.
 11. That on January 16th, 2018 the loan was accelerated at which time the defendant was 118 days behind scheduled payment or approximately 4 months behind scheduled payment.
- Exhibit F; ¶ "DEFAULT" Exhibit A, ¶ 22 Exhibit B.

12. On January 16, 2018, the plaintiff duly notified defendant of the default, and provided the information necessary to cure, sent in accordance with the terms of the mortgage, to the address on file for the defendant at the time the notice was sent but defendant failed to timely cure resulting in the necessity of the commencement of the present foreclosure action. Exhibit F.

13. This loan has not been reamortized.

14. That plaintiff has complied with all applicable provisions of the NY RPAPL, Section 1304 and Banking Law, and specifically with Banking Law §§ 595-a and 6-l and 6-m if applicable, in securing the aforementioned indebtedness and at all times thereafter. In accordance with RPAPL Section 1304, a 90 day notice was not required. The property which is the subject of this foreclosure action does not meet the definition of a "home loan" pursuant to New York RPAPL §§ 1304 and 1306, because the Mortgaged Premises is abandoned and is not the borrower's principal residence.

15. The plaintiff is exempt from complying with the 90 day notice provisions of RPAPL §§ 1304 and 1306 because the mortgaged premises is not the borrower's residence. The borrower is deceased. Exhibit D.

16. Upon information and belief, the Mortgaged Premises is vacant / abandoned.

17. Notwithstanding, the Notices of Intention to Foreclose is set forth as Exhibit G was issued on 5/21/2019 by certified mail and regular mail.

18. There is currently due the following sums:

Principal (Note)	<u>\$ 33,436.33</u>
Interest (Note) at 6.3750% per annum from September 21, 2017 through February 5, 2019	<u>\$2,931.68</u>

Principal (Advances - Taxes/Ins/Maint)	<u>\$2,235.95</u>
Interest (Advances - Taxes/Ins/Maint)	<u>\$59.77</u>
Escrow/Impound (Advances paid, but not yet posted to account's Advance Principal)	<u>\$1,535.31</u>
Late charges	<u>\$8.94</u>
Interest Credit (Subsidy) Granted \$30,891.27 (Subsidy Calculated for Recapture)	<u>\$16,267.40</u>
Total Due through 2/5/2019:	\$56,475.38

19. Attached as Exhibit C are Rural Housing Service Payment Subsidy Agreements. Pursuant to the Mortgage and said Subsidy Agreements, the Plaintiff is entitled to recapture said subsidy amounts.
20. That in order to protect its security, the plaintiff may be compelled to pay during the pendency of this action, local taxes, assessments, water rates, insurance premiums and other charges assessed to the Mortgaged Premises, and hereby requests that any sums paid by it for said purposes, with interest thereon, be added to the sum otherwise due, be deemed secured by the mortgage and be adjudged a valid lien on the Mortgaged Premises.
21. Tompkins County Surrogate File No. 2018-72 reveals that the borrower Susan M. Kennedy aka Susan Marie Kennedy died on 11/28/2017 leaving surviving her children.
22. A copy of the death certificate is attached as Exhibit D.
23. The Affidavit in Relation to Settlement of Estate pursuant to Article 13 SCPA filed by Thomas H. Personius on 3/6/2018 is attached as Exhibit E.
24. That a search has been made against the premises described in Schedule "A" to the date hereof, and title to said premises is vested of record in The Estate of Susan M. Kennedy aka Susan Marie Kennedy, deceased.

25. Thomas H. Personius, as Voluntary Administrator of the Estate of Susan M. Kennedy aka Susan Marie Kennedy, deceased, of 64 Burns Road, Brooktondale, NY 14817 is included as a Defendant in this lawsuit as Record Owner and original obligor under the Bond secured by the Mortgage recorded on 4/21/1999 in Liber 1290 at Page 306, as Voluntary Administrator of the Estate of Susan M. Kennedy aka Susan Marie Kennedy, deceased.
26. Amy Carl is included in this lawsuit as a Defendant as Heir-at-Law to the Estate of Susan M. Kennedy aka Susan Marie Kennedy, deceased.
27. Geanne Kilts aka Jeannie Kilts is included in this lawsuit as a Defendant as Heir-at-Law to the Estate of Susan M. Kennedy aka Susan Marie Kennedy, deceased.
28. Brian Leslee Dennis is included in this lawsuit as a Defendant as Heir-at-Law to the Estate of Susan M. Kennedy aka Susan Marie Kennedy, deceased.
29. Any and all unknown Heirs-at-Law to the Estate of Susan M. Kennedy aka Susan Marie Kennedy, deceased are included in this lawsuit as Defendants.
30. The New York State Department of Taxation and Finance is included in this lawsuit as a Defendant as possible Subordinate Lienor by virtue of unpaid New York State Estate Taxes against the Estate of Susan M. Kennedy aka Susan Marie Kennedy, deceased, if any.
31. New York State Affordable Housing Corporation is included in this lawsuit as a Defendant as Subordinate Mortgagee by virtue of mortgage recorded on 9/8/2011 in Instrument No. 580336-002.
32. The true names of the defendants "JOHN DOE #1-5" and "JANE DOE #1-5" are unknown to the United States, those names being fictitious, but intending to designate tenants, occupants or other persons, if any, having or claiming any estate or interest in possession upon the premises or any portion thereof.

33. The plaintiff shall not be deemed to have waived, altered, released or changed its election herein by reason of any payment after the commencement of this action of any or all of the defaults mentioned herein and such election shall continue to be effective.
34. No other action or proceeding has been brought at law or otherwise for the recovery of said sums secured by the Promissory Note and Mortgage or any part thereof.
35. That the Certificate of Merit pursuant to CPLR 3012-b is annexed hereto and made a part hereof.
36. The plaintiff is not seeking a deficiency judgment in this lawsuit.
37. The plaintiff is not seeking attorneys' fees in this lawsuit.
38. The plaintiff seeks a judgment of foreclosure and sale only.

WHEREFORE, Plaintiff demands judgment:

- (a) That the defendants, or either or any of them, subsequent to the filing of the Notice of Pendency of this action, and every person whose conveyance or encumbrance is subsequent or subsequently recorded, be forever barred and foreclosed of all right, claim, lien, interest or equity of redemption in the mortgaged premises;
- (b) of foreclosure and sale the mortgaged premises 40 Valley View Road, Spencer, NY 14883 Section: 17 Block: 1 Lot: 27 and Valley View Road, Spencer, NY 14883 Section: 17 Block: 1 Lot: 59 described herein annexed as "Schedule A" may be decreed to be sold according to law
- (c) That the priority of liens against the real property be determined by the Court, and the proceeds of the sale of said property, after proper court costs, be distributed among the owners and holders of liens against said property in the order of priority thereof as determined by the Court; and

- (d) That the total amount due to the Plaintiff on the NOTE and MORTGAGE as described herein be adjudged;
- (e) That the Plaintiff may be paid the amount adjudged to be due to the Plaintiff with interest thereon to the time of such payment, together with the costs and expenses of this action and the expenses of the sale, so far as the amount of such money properly applicable thereto will pay the same; and
- (f) That the Plaintiff may have such other and further relief which as to this Court may seem just, reasonable and proper.

Dated: February 8, 2019

/s/ John Manfredi
John Manfredi, Esq.
Manfredi Law Group, PLLC,
Attorney for Plaintiff,
302 East 19th Street, Suite 2A
New York, New York 10003
Telephone No. (347) 614-7006

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

CASE NO.

United States of America Acting Through the
Rural Housing Service or successor Agency
United States Department of Agriculture

Plaintiff,

-against-

Mortgaged Premises:

40 Valley View Road, Spencer, NY 14883

Thomas H. Personius, as Voluntary Administrator of the
Estate of Susan M. Kennedy aka Susan Marie Kennedy, deceased;
Amy Carl; Geanne Kilts aka Jeannie Kilts;
Brian Leslee Dennis; Unknown Heirs of the Estate of
Susan M. Kennedy aka Susan Marie Kennedy, deceased;
New York State Department of Taxation and Finance;
New York State Affordable Housing Corporation;
“JOHN DOE #1-5” and “JANE DOE #1-5”, said names
being fictitious, it being the intention of plaintiff to
designate any and all occupants, tenants, persons or
corporations, if any, having or claiming an interest in
or lien upon the premises being foreclosed herein,

Defendants

CERTIFICATE OF MERIT PURSUANT TO CPLR 3012-B

John Manfredi, Esq., pursuant to CPLR § 2106 and under the penalties of perjury, affirms as follows:

1. I am the attorney of record for plaintiff in the above-captioned mortgage foreclosure action. As such, I am fully aware of the underlying action, as well as the proceedings had herein.
2. I have reviewed the facts of this case and communicated with Jennifer Jackson, a representative of plaintiff concerning the subject of this action.

3. Based upon my communication with the plaintiff and my review of the pertinent documents, including the mortgage, security agreement and note or bond underlying the mortgage executed by the defendants and all instruments of assignment, if any, and any other instrument of indebtedness including any modification, extension, and/or consolidation, and to the best of my knowledge, information and belief, there is a reasonable basis for the commencement of this action and that Plaintiff is currently the creditor entitled to enforce rights under such documents.
4. I further certify that to the best of my knowledge, information and belief, formed after reasonable inquiry regarding the present action, the presentation of the pleadings or the contentions contained herein is true and correct.

Dated: February 8, 2019

/s/ John Manfredi
John Manfredi, Esq.
Manfredi Law Group, PLLC,
Attorney for Plaintiff,
302 East 19th Street, Suite 2A
New York, New York 10003
Telephone No. (347) 614-7006

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

CASE NO.

United States of America Acting Through the
Rural Housing Service or successor Agency
United States Department of Agriculture

Plaintiff,

-against-

Thomas H. Personius, as Voluntary Administrator of the
Estate of Susan M. Kennedy aka Susan Marie Kennedy, deceased;
Amy Carl; Geanne Kilts aka Jeannie Kilts;
Brian Leslee Dennis; Unknown Heirs of the Estate of
Susan M. Kennedy aka Susan Marie Kennedy, deceased;
New York State Department of Taxation and Finance;
New York State Affordable Housing Corporation;
"JOHN DOE #1-5" and "JANE DOE #1-5", said names
being fictitious, it being the intention of plaintiff to
designate any and all occupants, tenants, persons or
corporations, if any, having or claiming an interest in
or lien upon the premises being foreclosed herein,

Defendants

AFFIDAVIT VERIFICATION FROM
THE SECRETARY OF THE U.S. DEPARTMENT OF AGRICULTURE

STATE OF NEW YORK)
) SS
COUNTY OF ONONDAGA)

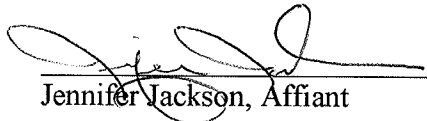
Before me, the undersigned authority, personally appeared Affiant, who was sworn and
says that:

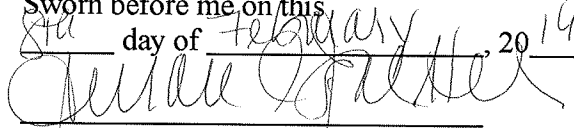
1. Affiant is employed by the United States of America and holds the position of
Single Family Housing Program Director, with the USDA Rural Housing Service (formerly
Farmers Home Administration), Syracuse office and is authorized to make this Affidavit.

2. Affiant has read the foregoing Complaint.

3. Affiant has personal knowledge of the matters set forth herein based on my review of the Note, Mortgage and other loan documents related to this action and of business records of the United States Department of Agriculture related thereto. On information and belief, such records were made at or near the time of the event described therein by, or from information transmitted by, a person with knowledge of the event described therein. Such business records are kept in the ordinary course of the regularly conducted business activity of such persons of the US DEPARTMENT OF AGRICULTURE and it is the regular practice of the US DEPARTMENT OF AGRICULTURE to make and keep such business records.

DATED ON February 8, 2019


Jennifer Jackson, Affiant

Sworn before me on this 8th day of February, 2019

NOTARY PUBLIC

SUSAN C. GALSTER
Notary Public in the State of New York
Qualified in Onondaga County No. 4782367
My Commission Expires May 31, 2019

SCHEDULE A
DESCRIPTION OF MORTGAGED PREMISES

ALL THAT TRACT OR PARCEL OF LAND, situate in the Town of Danby, County of Tompkins, State of New York, being the northeast section of Township 7 of Watkins and Flint's Purchase, bounded and described as follows:

BEGINNING at a point in the center line of Valley View Road northwesterly 927.8 more or less feet from its intersection with the center line of Tupper Avenue,

THENCE North 89° 42' 20" East (passing through an iron stake at 25.17 feet) 162.71 feet to an iron stake;

THENCE North 7° 00" east 123 feet to an iron stake;

THENCE North 78° 53' 40" West (passing through an iron stake at 176.09 feet) 201.40 feet to a point in the center line of Valley View Road;

THENCE South 07° 01' 30" East 163 feet along the center line of Valley View Road to the point or place of beginning.

Premises: 40 Valley View Road, Spencer, NY 14883

Tax Parcel ID No.: Section: 17 Block: 1 Lot: 27

Premises: Valley View Road, Spencer, NY 14883

Tax Parcel ID No.: Section: 17 Block: 1 Lot: 59

Exhibit A

USDA-RHS
Form FmHA 1940-16
(Rev. 10-96)

PROMISSORY NOTE

Type of Loan SECTION 502

Loan No. 0017128479

Date: April 21 , 1999

40 Valley View Road

(Property Address)

Danby

(City or Town)

Tompkins

(County)

New York

(State)

BORROWER'S PROMISE TO PAY. In return for a loan that I have received, I promise to pay to the order of the United States of America, acting through the Rural Housing Service (and its successors) ("Government") \$ 50,161.00 (this amount is called "principal"), plus interest.

INTEREST. Interest will be charged on the unpaid principal until the full amount of the principal has been paid. I will pay interest at a yearly rate of 6.375 %. The interest rate required by this section is the rate I will pay both before and after any default described below.

PAYMENTS. I agree to pay principal and interest using one of two alternatives indicated below:

☐ I. Principal and interest payments shall be temporarily deferred. The interest accrued to _____, shall be added to the principal. The new principal and later accrued interest shall be payable in _____ regular amortized installments on the date indicated in the box below. I authorize the Government to enter the amount of such new principal here: \$ _____; and the amount of such regular installments in the box below when such amounts have been determined. I agree to pay principal and interest in installments as indicated in the box below.

☒ II. Payments shall not be deferred. I agree to pay principal and interest in 396 installments as indicated in the box below.

I will pay principal and interest by making a payment every month.

I will make my monthly payment on the 21st day of each month beginning on May 21 , 1999 and continuing for 395 months. I will make these payments every month until I have paid all of the principal and interest and any other charges described below that I may owe under this note. My monthly payments will be applied to interest before principal. If on April 21 , 2032 , I still owe amounts under this note, I will pay those amounts in full on that date, which is called the "maturity date."

My monthly payment will be \$ 303.75 . I will make my monthly payment at the post office address noted on my billing statement _____ or a different place if required by the Government.

PRINCIPAL ADVANCES. If the entire principal amount of the loan is not advanced at the time of loan closing, the unadvanced balance of the loan will be advanced at my request provided the Government agrees to the advance. The Government must make the advance provided the advance is requested for an authorized purpose. Interest shall accrue on the amount of each advance beginning on the date of the advance as shown in the Record of Advances below. I authorize the Government to enter the amount and date of such advance on the Record of Advances.

HOUSING ACT OF 1949. This promissory note is made pursuant to title V of the Housing Act of 1949. It is for the type of loan indicated in the "Type of Loan" block at the top of this note. This note shall be subject to the present regulations of the Government and to its future regulations not inconsistent with the express provisions of this note.

LATE CHARGES. If the Government has not received the full amount of any monthly payment by the end of 15 days after the date it is due, I will pay a late charge. The amount of the charge will be 2.000 percent of my overdue payment of principal and interest. I will pay this charge promptly, but only once on each late payment.

BORROWER'S RIGHT TO PREPAY. I have the right to make payments of principal at any time before they are due. A payment of principal only is known as a "prepayment." When I make a prepayment, I will tell the Government in writing that I am making a prepayment.

I may make a full prepayment or partial prepayment without paying any prepayment charge. The Government will use all of my prepayments to reduce the amount of principal that I owe under this Note. If I make a partial prepayment, there will be no changes in the due date or in the amount of my monthly payment unless the Government agrees in writing to those changes. Prepayments will be applied to my loan in accordance with the Government's regulations and accounting procedures in effect on the date of receipt of the payment.

ASSIGNMENT OF NOTE. I understand and agree that the Government may at any time assign this note without my consent. If the Government assigns the note I will make my payments to the assignee of the note and in such case the term "Government" will mean the assignee.

CREDIT ELSEWHERE CERTIFICATION. I certify to the Government that I am unable to obtain sufficient credit from other sources at reasonable rates and terms for the purposes for which the Government is giving me this loan.

USE CERTIFICATION. I certify to the Government that the funds I am borrowing from the Government will only be used for purposes authorized by the Government.

LEASE OR SALE OF PROPERTY. If the property constructed, improved, purchased, or refinanced with this loan is (1) leased or rented with an option to purchase, (2) leased or rented without option to purchase for 3 years or longer, or (3) is sold or title is otherwise conveyed, voluntarily or involuntarily, the Government may at its option declare the entire remaining unpaid balance of the loan immediately due and payable. If this happens, I will have to immediately pay off the entire loan.

REQUIREMENT TO REFINANCE WITH PRIVATE CREDIT. I agree to periodically provide the Government with information the Government requests about my financial situation. If the Government determines that I can get a loan from a responsible cooperative or private credit source, such as a bank or a credit union, at reasonable rates and terms for similar purposes as this loan, at the Government's request, I will apply for and accept a loan in a sufficient amount to pay this note in full. This requirement does not apply to any cosigner who signed this note pursuant to section 502 of the Housing Act of 1949 to compensate for my lack of repayment ability.

SUBSIDY REPAYMENT AGREEMENT. I agree to the repayment (recapture) of subsidy granted in the form of payment assistance under the Government's regulations.

CREDIT SALE TO NONPROGRAM BORROWER. The provisions of the paragraphs entitled "Credit Elsewhere Certification" and "Requirement to Refinance with Private Credit" do not apply if this loan is classified as a nonprogram loan pursuant to section 502 of the Housing Act of 1949.

DEFAULT. If I do not pay the full amount of each monthly payment on the date it is due, I will be in default. If I am in default the Government may send me a written notice telling me that if I do not pay the overdue amount by a certain date, the Government may require me to immediately pay the full amount of the unpaid principal, all the interest that I owe, and any late charges. Interest will continue to accrue on past due principal and interest. Even if, at a time when I am in default, the Government does not require me to pay immediately as describe in the preceding sentence, the Government will still have the right to do so if I am in default at a later date. If the Government has required me to immediately pay in full as described above, the Government will have the right to be paid back by me for all of its costs and expenses in enforcing this promissory note to the extent not prohibited by applicable law. Those expenses include, for example, reasonable attorney's fees.

NOTICES. Unless applicable law requires a different method, any notice that must be given to me under this note will be given by delivering it or by mailing it by first class mail to me at the property address listed above or at a different address if I give the Government a notice of my different address. Any notice that must be given to the Government will be given by mailing it by first class mail to the Government at USDA / Rural Housing Service, c/o Customer Service Branch, P.O. Box 66889, St. Louis, MO 63166, or at a different address if I am given a notice of that different address.

OBLIGATIONS OF PERSONS UNDER THIS NOTE. If more than one person signs this note, each person is fully and personally obligated to keep all of the promises made in this note, including the promise to pay the full amount owed. Any person who is a guarantor, surety, or endorser of this note is also obligated to do these things. The Government may enforce its rights under this note against each person individually or against all of us together. This means that any one of us may be required to pay all of the amounts owed under this note. The term "Borrower" shall refer to each person signing this note.

WAIVERS. I and any other person who has obligations under this note waive the rights of presentment and notice of dishonor. "Presentment" means the right to require the Government to demand payment of amounts due. "Notice of dishonor" means the right to require the Government to give notice to other persons that amounts due have not been paid.

WARNING: Failure to fully disclose accurate and truthful financial information in connection with my loan application may result in the termination of program assistance currently being received, and the denial of future federal assistance under the Department of Agriculture's Debarment regulations, 7 C.F.R. part 3017.

Susan M. Kennedy Seal
Borrower
SUSAN M. KENNEDY

Borrower Seal

Borrower Seal

Borrower Seal

RECORD OF ADVANCES					
AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE
(1) \$ 50,161.00	4/21/99	(8) \$		(15) \$	
(2) \$		(9) \$		(16) \$	
(3) \$		(10) \$		(17) \$	
(4) \$		(11) \$		(18) \$	
(5) \$		(12) \$		(19) \$	
(6) \$		(13) \$		(20) \$	
(7) \$		(14) \$		(21) \$	
TOTAL				\$ 50,161.00	

Account #: 0017128479

Exhibit B

LIBR 1290 PAGE 306

C-229

02430

Rec'd + Cdn to:
The Onigiro Law Office
P.O. Box 49
Jacksonville, NY 14850

Form RD 3550-14 NY
(11-96)

Form Approved

Form Approved
OMB No. 0575-0172United States Department of Agriculture
Rural Housing Service

MORTGAGE FOR NEW YORK

THIS MORTGAGE ("Security Instrument") is made on April 21 1999. [Date]
The mortgagor is Susan M. Kennedy

("Borrower").
This Security Instrument is given to the United States of America acting through the Rural Housing Service or successor agency, United States Department of Agriculture ("Lender"), whose address is Rural Housing Service, c/o Centralized Servicing Center, United States Department of Agriculture, P.O. Box 66889, St. Louis, Missouri 63166.

Borrower is indebted to Lender under the following promissory notes and/or assumption agreements (herein collectively called "Note") which have been executed or assumed by Borrower and which provide for monthly payments, with the full debt, if not paid earlier, due and payable on the maturity date:

Date of Instrument	Principal Amount	Maturity Date
4/21/99	50,161.00	4/21/32

This Security Instrument secures to Lender: (a) the repayment of the debt evidenced by the Note, with interest, and all renewals, extensions and modifications of the Note; (b) the payment of all other sums, with interest, advanced under paragraph 7 to protect the property covered by this Security Instrument; (c) the performance of Borrower's covenants and agreements under this Security Instrument and the Note, and (d) the recapture of any payment assistance and subsidy which may be granted to the Borrower by the Lender pursuant to 42 U.S.C. §§ 1472(g) or 1490a. For this purpose, Borrower irrevocably grants and conveys to Lender the following described property located in the County of Tompkins, State of New York:

Received \$ —0— Special
Add'l Tax and \$ —0— Basic
Mortgage Tax this 21st day
of April 1999

Aurora R. Valente
New York

which has the address of 40 Valley View Road, Newfield
(Street) (City) (ZIP)

("Property Address");

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Agriculture, Clearance Officer, STOP-7602, 1400 Independence Ave., S.W., Washington, D.C. 20250-7602. Please DO NOT RETURN this form to this address. Forward to the local USDA office only. You are not required to respond to this collection of information unless it displays a currently valid OMB number.

Page 1 of 6

SCHEDULE A

LIBER 1290 PAGE 307

ALL THAT TRACT OR PARCEL OF LAND, situate in the Town of Danby, County of Tompkins, State of New York, being the northeast section of Township 7 of Watkins and Flint's Purchase, bounded and described as follows:

BEGINNING at a point in the center line of Valley View Road northwesterly 927.8 more or less feet from its intersection with the center line of Tupper Avenue; thence North 89° 42' 20" East (passing through an iron stake at 25.17 feet) 162.71 feet to an iron stake; thence North 7° 00" east 123 feet to an iron stake; thence North 78° 53' 40" West (passing through an iron stake at 176.09 feet) 201.40 feet to a point in the center line of Valley View Road; thence South 07° 01' 30" East 163 feet along the center line of Valley View Road to the point or place of beginning.

BEING the same premises conveyed to the mortgagors herein by deed recorded concurrently herewith.

LIBER 1290 PAGE 308

TOGETHER WITH all the improvements now or hereafter erected on the property, and all easements, appurtenances, and fixtures which now or hereafter are a part of the property. All replacements and additions shall also be covered by this Security Instrument. All of the foregoing is referred to in this Security Instrument as the "Property."

BORROWER COVENANTS that Borrower is lawfully seized of the estate hereby conveyed and has the right to grant and convey the Property and that the Property is unencumbered, except for encumbrances of record. Borrower warrants and will defend generally the title to the Property against all claims and demands, subject to any encumbrances of record.

THIS SECURITY INSTRUMENT combines uniform covenants for national use and non-uniform covenants with limited variations by jurisdiction to constitute a uniform security instrument covering real property.

UNIFORM COVENANTS. Borrower and Lender covenant and agree as follows:

1. **Payment of Principal and Interest; Prepayment and Late Charges.** Borrower shall promptly pay when due the principal of and interest on the debt evidenced by the Note and any prepayment and late charges due under the Note.

2. **Funds for Taxes and Insurance.** Subject to applicable law or to a written waiver by Lender, Borrower shall pay to Lender on the day monthly payments are due under the Note, until the Note is paid in full, a sum ("Funds") for: (a) yearly taxes and assessments which may attain priority over this Security Instrument as a lien on the Property; (b) yearly leasehold payments or ground rents on the Property, if any; (c) yearly hazard or property insurance premiums; and (d) yearly flood insurance premiums, if any. These items are called "Escrow Items." Lender may, at any time, collect and hold Funds in an amount not to exceed the maximum amount a lender for a federally related mortgage loan may require for Borrower's escrow account under the federal Real Estate Settlement Procedures Act of 1974 as amended from time to time, 12 U.S.C. § 2601 *et seq.* ("RESPA"), unless another law or federal regulation that applies to the Funds sets a lesser amount. If so, Lender may, at any time, collect and hold Funds in an amount not to exceed the lesser amount. Lender may estimate the amount of Funds due on the basis of current data and reasonable estimates of expenditures of future Escrow Items or otherwise in accordance with applicable law.

The Funds shall be held by a federal agency (including Lender) or in an institution whose deposits are insured by a federal agency, instrumentality, or entity. Lender shall apply the Funds to pay the Escrow Items. Lender may not charge Borrower for holding and applying the Funds, annually analyzing the escrow account, or verifying the Escrow Items, unless Lender pays Borrower interest on the Funds and applicable law permits Lender to make such a charge. However, Lender may require Borrower to pay a one-time charge for an independent real estate tax reporting service used by Lender in connection with this loan, unless applicable law provides otherwise. Unless an agreement is made or applicable law requires interest to be paid, Lender shall not be required to pay Borrower any interest or earnings on the Funds. Borrower and Lender may agree in writing, however, that interest shall be paid on the Funds. Lender shall give to Borrower, without charge, an annual accounting of the Funds, showing credits and debits to the Funds and the purpose for which each debit to the Funds was made. The Funds are pledged as additional security for all sums secured by this Security Instrument.

If the Funds held by Lender exceed the amounts permitted to be held by applicable law, Lender shall account to Borrower for the excess funds in accordance with the requirements of applicable law. If the amount of the Funds held by Lender at any time is not sufficient to pay the Escrow Items when due, Lender may so notify Borrower in writing, and, in such case Borrower shall pay to Lender the amount necessary to make up the deficiency. Borrower shall make up the deficiency in no more than twelve monthly payments, at Lender's sole discretion.

Upon payment in full of all sums secured by this Security Instrument, Lender shall promptly refund to Borrower any Funds held by Lender. If Lender shall acquire or sell the Property after acceleration under paragraph 22, Lender, prior to the acquisition or sale of the Property, shall apply any Funds held by Lender at the time of acquisition or sale as a credit against the sums secured by this Security Instrument.

3. **Application of Payments.** Unless applicable law or Lender's regulations provide otherwise, all payments received by Lender under paragraphs 1 and 2 shall be applied in the following order of priority: (1) to advances for the preservation or protection of the Property or enforcement of this lien; (2) to accrued interest due under the Note; (3) to principal due under the Note; (4) to amounts required for the escrow items under paragraph 2; (5) to late charges and other fees and charges.

4. **Charges; Liens.** Borrower shall pay all taxes, assessments, charges, fines and impositions attributable to the Property which may attain priority over this Security Instrument, and leasehold payments or ground rents, if any. Borrower shall pay these obligations in the manner provided in paragraph 2, or if not paid in that manner, Borrower shall pay them on time directly to the person owed payment. Borrower shall promptly furnish to Lender all notices of amounts to be paid under this paragraph. If Borrower makes these payments directly, Borrower shall promptly furnish to Lender receipts evidencing the payments.

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Borrower shall promptly discharge any lien which has priority over this Security Instrument unless Lender has agreed in writing to such lien or Borrower: (a) agrees in writing to the payment of the obligation secured by the lien in a manner acceptable to Lender; (b) contests in good faith the lien by, or defends against enforcement of the lien in, legal proceedings which in the Lender's opinion operate to prevent the enforcement of the lien; or (c) secures from the holder of the lien an agreement satisfactory to Lender subordinating the lien to this Security Instrument. If Lender determines that any part of the Property is subject to a lien which may attain priority over this Security Instrument, Lender may give Borrower a notice identifying the lien. Borrower shall satisfy the lien or take one or more of the actions set forth above within ten (10) days of the giving of notice.

Borrower shall pay to Lender such fees and other charges as may now or hereafter be required by regulations of Lender, and pay or reimburse Lender for all of Lender's fees, costs, and expenses in connection with any full or partial release or subordination of this instrument or any other transaction affecting the Property.

5. **Hazard or Property Insurance.** Borrower shall keep the improvements now existing or hereafter erected on the Property insured against loss by fire, hazards included within the term "extended coverage" and any other hazards, including floods or flooding, for which Lender requires insurance. This insurance shall be maintained in the amounts and for the periods that Lender requires. The insurer providing the insurance shall be chosen by Borrower subject to Lender's approval which shall not be unreasonably withheld. If Borrower fails to maintain coverage described above, at Lender's option Lender may obtain coverage to protect Lender's rights in the Property pursuant to paragraph 7.

All insurance policies and renewals shall be in a form acceptable to Lender and shall include a standard mortgagee clause. Lender shall have the right to hold the policies and renewals. If Lender requires, Borrower shall promptly give to Lender all receipts of paid premiums and renewal notices. In the event of loss, Borrower shall give prompt notice to the insurance carrier and Lender. Lender may make proof of loss if not made promptly by Borrower.

Unless Lender and Borrower otherwise agree in writing, insurance proceeds shall be applied to restoration or repair of the Property damaged, if the restoration or repair is economically feasible and Lender's security is not lessened. If the restoration or repair is not economically feasible or Lender's security would be lessened, the insurance proceeds shall be applied to the sums secured by this Security Instrument, whether or not then due, with any excess paid to Borrower. If Borrower abandons the Property, or does not answer within thirty (30) days a notice from Lender that the insurance carrier has offered to settle a claim, then Lender may collect the insurance proceeds. Lender may use the proceeds to repair or restore the Property or to pay sums secured by this Security Instrument, whether or not then due. The thirty (30) day period will begin when the notice is given.

Unless Lender and Borrower otherwise agree in writing, any application of proceeds to principal shall not extend or postpone the due date of the monthly payments referred to in paragraphs 1 and 2 or change the amount of the payments. If after acceleration the Property is acquired by Lender, Borrower's right to any insurance policies and proceeds resulting from damage to the Property prior to the acquisition shall pass to Lender to the extent of the sums secured by this Security Instrument immediately prior to the acquisition.

6. **Preservation, Maintenance, and Protection of the Property; Borrower's Loan Application; Leaseholds.** Borrower shall not destroy, damage or impair the Property, allow the Property to deteriorate, or commit waste on the Property. Borrower shall maintain the improvements in good repair and make repairs required by Lender. Borrower shall comply with all laws, ordinances, and regulations affecting the Property. Borrower shall be in default if any forfeiture action or proceeding, whether civil or criminal, is begun that in Lender's good faith judgment could result in forfeiture of the Property or otherwise materially impair the lien created by this Security Instrument or Lender's security interest. Borrower may cure such a default by causing the action or proceeding to be dismissed with a ruling that, in Lender's good faith determination, precludes forfeiture of the Borrower's interest in the Property or other material impairment of the lien created by this Security Instrument or Lender's security interest. Borrower shall also be in default if Borrower, during the loan application process, gave materially false or inaccurate information or statements to Lender (or failed to provide Lender with any material information) in connection with the loan evidenced by the Note. If this Security Instrument is on a leasehold, Borrower shall comply with all the provisions of the lease. If Borrower acquires fee title to the Property, the leasehold and the fee title shall not merge unless Lender agrees to the merger in writing.

7. **Protection of Lender's Rights in the Property.** If Borrower fails to perform the covenants and agreements contained in this Security Instrument, or there is a legal proceeding that may significantly affect Lender's rights in the Property (such as a proceeding in bankruptcy, probate, for condemnation or forfeiture or to enforce laws or regulations), then Lender may do and pay for whatever is necessary to protect the value of the Property and Lender's rights in the Property. Lender's actions may include paying any sums secured by a lien which has priority over this Security Instrument, appearing in court, paying reasonable attorneys' fees and entering on the Property to make repairs. Although Lender may take action under this paragraph 7, Lender is not required to do so. Any amounts disbursed by Lender under this paragraph 7 shall become additional debt of Borrower secured by this Security Instrument. Unless Borrower and Lender agree to other terms of payment, these amounts shall bear interest from the date of disbursement at the Note rate and shall be payable, with interest, upon notice from Lender to Borrower requesting payment.

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8. Refinancing. If at any time it shall appear to Lender that Borrower may be able to obtain a loan from a responsible cooperative or private credit source, at reasonable rates and terms for loans for similar purposes, Borrower will, upon the Lender's request, apply for and accept such loan in sufficient amount to pay the note and any indebtedness secured hereby in full.

9. Inspection. Lender or its agent may make reasonable entries upon and inspections of the Property. Lender shall give Borrower notice at the time of or prior to an inspection specifying reasonable cause for the inspection.

10. Condemnation. The proceeds of any award or claim for damages, direct or consequential, in connection with any condemnation or other taking of any part of the Property, or for conveyance in lieu of condemnation, are hereby assigned and shall be paid to Lender. In the event of a total taking of the Property, the proceeds shall be applied to the sums secured by this Security Instrument, whether or not then due, with any excess paid to Borrower. In the event of a partial taking of the Property in which the fair market value of the Property immediately before the taking is equal to or greater than the amount of the sums secured by this Security Instrument immediately before the taking, unless Borrower and Lender otherwise agree in writing, the sums secured by this Security Instrument shall be reduced by the amount of the proceeds multiplied by the following fraction: (a) the total amount of the sums secured immediately before the taking, divided by (b) the fair market value of the Property immediately before the taking. Any balance shall be paid to Borrower. In the event of a partial taking of the Property in which the fair market value of the Property immediately before the taking is less than the amount of the sums secured hereby immediately before the taking, unless Borrower and Lender otherwise agree in writing or unless applicable law otherwise provides, the proceeds shall be applied to the sums secured by this Security Instrument whether or not the sums are then due.

If the Property is abandoned by Borrower, or if, after notice by Lender to Borrower that the condemnor offers to make an award or settle a claim for damages, Borrower fails to respond to Lender within thirty (30) days after the date the notice is given, Lender is authorized to collect and apply the proceeds, at its option, either to restoration or repair of the Property or to the sums secured by this Security Instrument, whether or not then due. Unless Lender and Borrower otherwise agree in writing, any application of proceeds to principal shall not extend or postpone the due date of the monthly payments referred to in paragraphs 1 and 2 or change the amount of such payments.

11. Borrower Not Released; Forbearance By Lender Not a Waiver. Extension of the time for payment or modification of amortization of the sums secured by this Security Instrument granted by Lender to Borrower and any successor in interest of Borrower shall not operate to release the liability of the original Borrower or Borrower's successors in interest. Lender shall not be required to commence proceedings against any successor in interest or refuse to extend time for payment or otherwise modify amortization of the sums secured by this Security Instrument by reason of any demand made by the original Borrower or Borrower's successors in interest. Any forbearance by Lender in exercising any right or remedy shall not be a waiver of or preclude the exercise of any right or remedy.

12. Successors and Assigns Bound; Joint and Several Liability; Co-signers. The covenants and agreements of this Security Instrument shall bind and benefit the successors and assigns of Lender and Borrower, subject to the provisions of paragraph 16. Borrower's covenants and agreements shall be joint and several. Any Borrower who co-signs this Security Instrument but does not execute the Note: (a) is co-signing this Security Instrument only to mortgage, grant and convey that Borrower's interest in the Property under the terms of this Security Instrument; (b) is not personally obligated to pay the sums secured by this Security Instrument; and (c) agrees that Lender and any other Borrower may agree to extend, modify, forbear or make any accommodations with regard to the terms of this Security Instrument or the Note without that Borrower's consent.

13. Notices. Any notice to Borrower provided for in this Security Instrument shall be given by delivering it or by mailing it by first class mail unless applicable law requires use of another method. The notice shall be directed to the Property Address or any other address Borrower designates by notice to Lender. Any notice to Lender shall be given by first class mail to Lender's address stated herein or any other address Lender designates by notice to Borrower. Any notice provided for in this Security Instrument shall be deemed to have been given to Borrower or Lender when given as provided in this paragraph.

14. Governing Law; Severability. This Security Instrument shall be governed by federal law. In the event that any provision or clause of this Security Instrument or the Note conflicts with applicable law, such conflict shall not affect other provisions of this Security Instrument or the Note which can be given effect without the conflicting provision. To this end the provisions of this Security Instrument and the Note are declared to be severable. This instrument shall be subject to the present regulations of Lender, and to its future regulations not inconsistent with the express provisions hereof. All powers and agencies granted in this instrument are coupled with an interest and are irrevocable by death or otherwise; and the rights and remedies provided in this instrument are cumulative to remedies provided by law.

15. Borrower's Copy. Borrower acknowledges receipt of one conformed copy of the Note and of this Security Instrument.

16. Transfer of the Property or a Beneficial Interest in Borrower. If all or any part of the Property or any interest in it is leased for a term greater than three (3) years, leased with an option to purchase, sold, or transferred (or if a beneficial interest in Borrower is sold or transferred and Borrower is not a natural person) without Lender's prior written consent, Lender may, at its option, require immediate payment in full of all sums secured by this

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Security Instrument.

17. **Nondiscrimination.** If Borrower intends to sell or rent the Property or any part of it and has obtained Lender's consent to do so (a) neither Borrower nor anyone authorized to act for Borrower, will refuse to negotiate for the sale or rental of the Property or will otherwise make unavailable or deny the Property to anyone because of race, color, religion, sex, national origin, handicap, age, or familial status, and (b) Borrower recognizes as illegal and hereby disclaims and will not comply with or attempt to enforce any restrictive covenants on dwelling relating to race, color, religion, sex, national origin, handicap, age or familial status.

18. **Sale of Note; Change of Loan Servicer.** The Note or a partial interest in the Note (together with this Security Instrument) may be sold one or more times without prior notice to Borrower. A sale may result in a change in the entity (known as the "Loan Servicer") that collects monthly payments due under the Note and this Security Instrument. There also may be one or more changes of the Loan Servicer unrelated to a sale of the Note. If there is a change of the Loan Servicer, Borrower will be given written notice of the change in accordance with paragraph 13 above and applicable law. The notice will state the name and address of the new Loan Servicer and the address to which payments should be made.

19. **Uniform Federal Non-Judicial Foreclosure.** If a uniform federal non-judicial foreclosure law applicable to foreclosure of this security instrument is enacted, Lender shall have the option to foreclose this instrument in accordance with such federal procedure.

20. **Hazardous Substances.** Borrower shall not cause or permit the presence, use, disposal, storage, or release of any hazardous substances on or in the Property. The preceding sentence shall not apply to the presence, use, or storage on the Property of small quantities of hazardous substances that are generally recognized to be appropriate to normal residential uses and to maintenance of the Property. Borrower shall not do, nor allow anyone else to do, anything affecting the Property that is in violation of any federal, state, or local environmental law or regulation.

Borrower shall promptly give Lender written notice of any investigation, claim, demand, lawsuit or other action by any governmental or regulatory agency or private party involving the Property and any hazardous substance or environmental law or regulation of which Borrower has actual knowledge. If Borrower learns, or is notified by any governmental or regulatory authority, that any removal or other remediation of any hazardous substance affecting the Property is necessary, Borrower shall promptly take all necessary remedial actions in accordance with applicable environmental law and regulations.

As used in this paragraph "hazardous substances" are those substances defined as toxic or hazardous substances by environmental law and the following substances: gasoline, kerosene, other flammable or toxic petroleum products, toxic pesticides and herbicides, volatile solvents, materials containing asbestos or formaldehyde, and radioactive materials. As used in this paragraph, "environmental law" means federal laws and regulations and laws and regulations of the jurisdiction where the Property is located that relate to health, safety or environmental protection.

21. **Cross Collateralization.** Default hereunder shall constitute default under any other real estate security instrument held by Lender and executed or assumed by Borrower, and default under any other such security instrument shall constitute default hereunder.

NON-UNIFORM COVENANTS. Borrower and Lender further covenant and agree as follows:

22. **SHOULD DEFAULT** occur in the performance or discharge of any obligation in this instrument or secured by this instrument, or should the parties named as Borrower die or be decreed incompetent, or should any one of the parties named as Borrower be discharged in bankruptcy or declared an insolvent, or make an assignment for the benefit of creditors, Lender, at its option, with or without notice, may: (a) declare the entire amount unpaid under the note and any indebtedness to Lender hereby secured immediately due and payable, (b) for the account of Borrower incur and pay reasonable expenses for repair or maintenance of and take possession of, operate or rent the property, (c) upon application by it and production of this instrument, without other evidence and without notice of hearing of said application, have a receiver appointed for the property, with the usual powers of receivers in like cases, (d) foreclose this instrument as provided herein or by law, and (e) enforce any and all other rights and remedies provided herein or by present or future laws.

23. The proceeds of foreclosure sale shall be applied in the following order to the payment of: (a) costs and expenses incident to enforcing or complying with the provisions hereof, (b) any prior liens required by law or a competent court to be so paid, (c) the debt evidenced by the note and all indebtedness to Lender secured hereby, (d) inferior liens of record required by law or a competent court to be so paid, (e) at Lender's option, any other indebtedness of Borrower owing to Lender, and (f) any balance to Borrower. At foreclosure or other sale of all or any part of the property, Lender and its agents may bid and purchase as a stranger and may pay Lender's share of the purchase price by crediting such amount on any debts of Borrower owing to Lender, in the order prescribed above.

24. Borrower agrees that Lender will not be bound by any present or future state laws, (a) providing for valuation, appraisal, homestead or exemption of the Property, (b) prohibiting maintenance of an action for a deficiency judgment or limiting the amount thereof or the time within which such action may be brought, (c)

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prescribing any other statute of limitations, (d) allowing any right of possession or, (e) limiting the conditions which Lender may by regulation impose, including the interest rate it may charge, as a condition of approving a transfer of the property to a new Borrower. Borrower expressly waives the benefit of any such state law. Borrower hereby relinquishes, waives, and conveys all rights, inchoate or consummate, of descent.

25. Riders to this Security Instrument. If one or more riders are executed by Borrower and recorded together with this Security Instrument, the covenants and agreements of each rider shall be incorporated into and shall amend and supplement the covenants and agreements of this Security Instrument as if the rider(s) were a part of this Security Instrument. [Check applicable box]

☐ Condominium Rider ☐ Planned Unit Development Rider ☒ Other(s) [specify] SCHEDULE A

BY SIGNING BELOW, Borrower accepts and agrees to the terms and covenants contained in pages 1 through 6 of this Security Instrument and in any rider executed by Borrower and recorded with this Security Instrument

Witnesses:

Susan M. Kennedy (Seal)
Borrower

_____ (Seal)
Borrower

ACKNOWLEDGMENT

STATE OF NEW YORK

COUNTY OF TOMPKINS

} ss:

On the 21st day of APRIL, 1999, before me, came

Susan M. Kennedy, to
me known to be the individual(s) described in, and who executed the foregoing instrument,
and acknowledged to me that Susan M. Kennedy executed the same for the
purposes therein contained.

(SEAL)

MARK C. GUERINO, NOTARY PUBLIC
REGISTRATION # 0245083223
RESIDING IN TOMPKINS COUNTY
STATE OF NEW YORK
COMMISSION EXPIRES 8/1/99

Tompkins County, ss:
Recorded on the 21st Day
of April 1999 at 4:47
o'clock PM, in Liber of 1246
of pages at page 306
and examined.

Notary Public

Aurora R. Valenti

Page 6 of 6

Exhibit C

RURAL HOUSING SERVICE

Y3000039003 L1011002

PAYMENT SUBSIDY RENEWAL CERTIFICATION

SUSAN M. KENNEDY

02/02/01

40 VALLEY VIEW ROAD
SPENCER NY 14883

0017128479

Please provide the following information in ink. IF ANY REQUESTED INFORMATION IS NOT PROVIDED,
YOUR PAYMENT SUBSIDY REQUEST CANNOT BE PROCESSED!

The information I have provided is complete and true to the best of my knowledge. I understand that the information below is being collected to determine if I am eligible to receive payment subsidies and that failure to provide complete and accurate information can result in criminal and civil penalties.

Susan M. Kennedy 2/2/01
Borrower Signature Date

Borrower Signature Date

Home Phone [REDACTED] AREA CODE _____
Alternate Phone or Work No: () _____

RM (NOT A COPY) BY MAIL DO NOT FAX!

1. SIGN AND RETURN THE ATTACHED "AUTHORIZATION TO RELEASE INFORMATION" FORM 3550-1.

2. PLEASE FILL OUT THE FOLLOWING CHART COMPLETELY:

HOUSEHOLD MEMBER'S FULL NAME; BEGIN WITH YOURSELF	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	FULL TIME STUDENT YES/NO	DISABLED YES/NO
<u>Kennedy</u>	<u>SELF</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>NO</u>	<u>YES</u>
<u>Dennis</u>	<u>SON</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>YES</u>	<u>NO</u>
<u>PERSONAL</u>	<u>Boyfriend</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>NO</u>	<u>NO</u>

3. Yes ___ No X Did anyone living in your household file Federal Income Tax last year?

YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, PLANILLA DE
CONTRIBUCION, OR TELEFILE TAX RECORDS FOR ALL ADULTS WHO FILE.
DO NOT SEND W-2 FORMS!!!

4. Yes ___ No X Is anyone living in your household self-employed?

IF YES -- YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX
SCHEDULE FOR C OR F.

5. \$ _____ Amount of Real Estate Taxes due each year. I am exempt from paying. ☐

6. \$ _____ Amount of Property Insurance paid each year. I do not have insurance. ☐

7. ATTACH THE TWO (2) MOST RECENT PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD
AND COMPLETE THE FOLLOWING FOR EACH JOB:

HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYER PHONE NUMBER

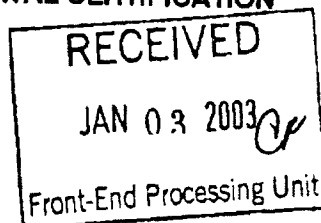
*** COMPLETE THE BACK OF THIS FORM ***



Form RD 3550-21
Revised 03/98RURAL HOUSING SERVICE
PAYMENT SUBSIDY RENEWAL CERTIFICATION

SP000039603 L1011003

20 SUSAN M. KENNEDY

40 VALLEY VIEW ROAD
SPENCER NY 14883

12/02/02

0017128479

Please provide the following information in ink. IF ANY REQUESTED INFORMATION IS NOT PROVIDED, YOUR PAYMENT SUBSIDY REQUEST CANNOT BE PROCESSED!

The information I have provided is complete and true to the best of my knowledge. I understand that the information below is being collected to determine if I am eligible to receive payment subsidies and that failure to provide complete and accurate information can result in criminal and civil penalties.

A handwritten signature of Susan M. Kennedy.

Borrower Signature

12/30/02

Date

Borrower Signature

Date

AREA CODE

AREA CODE

Home

Alternate Phone or Work No: ()

YOU MUST RETURN THIS FORM (NOT A COPY) BY MAIL. DO NOT FAX!

1. SIGN AND RETURN THE ATTACHED "AUTHORIZATION TO RELEASE INFORMATION" FORM 3550-1.

2. PLEASE FILL OUT THE FOLLOWING CHART COMPLETELY:

HOUSEHOLD MEMBER'S FULL NAME; BEGIN WITH YOURSELF	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	FULL TIME STUDENT YES/NO	DISABLED YES/NO
Kennedy Devers				no	yes
				yes	no

3. Yes ☐ No ☒ Did anyone living in your household file Federal Income Tax last year?

YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, PLANILLA DE CONTRIBUCION, OR TELEFILE TAX RECORDS FOR ALL ADULTS WHO FILE.
DO NOT SEND W-2 FORMS!!!

4. Yes ☐ No ☒ Is anyone living in your household self-employed?

IF YES - YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX SCHEDULE FOR C OR F. *Sched Tax 393.35*

5. \$ 704.26 Amount of Real Estate Taxes due each year.

I am exempt from paying. ☐

6. \$ 357.00 Amount of Property Insurance paid each year.

I do not have Insurance. ☐

7. ATTACH THE TWO (2) MOST RECENT PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD AND COMPLETE THE FOLLOWING FOR EACH JOB:

HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYER PHONE NUMBER

*** COMPLETE THE BACK OF THIS FORM ***



Form RD 3550-21
Revised 03/98RURAL HOUSING SERVICE
PAYMENT SUBSIDY RENEWAL CERTIFICATION

08000041902 L1011001

15
SUSAN M. KENNEDY40 VALLEY VIEW ROAD
SPENCER NY 14883

RECEIVED

MAR 03 2003

Front-End Processing Unit

02/19/03

0017128479

Please provide the following information in ink. IF ANY REQUESTED INFORMATION IS NOT PROVIDED,
YOUR PAYMENT SUBSIDY REQUEST CANNOT BE PROCESSED!

The information I have provided is complete and true to the best of my knowledge. I understand that the information below is being collected to determine if I am eligible to receive payment subsidies and that failure to provide complete and accurate information can result in criminal and civil penalties.

Susan M. Kennedy 2/27/03
Borrower Signature Date

Borrower Signature Date

Home Phone

AREA CODE

Alternate Phone or Work No: ()

FILL OUT THIS FORM (NOT A COPY) BY MAIL. DO NOT FAX!

1. SIGN AND RETURN THE ATTACHED "AUTHORIZATION TO RELEASE INFORMATION" FORM 3550-1.

2. PLEASE FILL OUT THE FOLLOWING CHART COMPLETELY:

HOUSEHOLD MEMBER'S FULL NAME; BEGIN SELF	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	FULL TIME STUDENT YES/NO	DISABLED YES/NO
<u>Kennedy</u>				<u>NO</u>	<u>YES</u>
<u>Dennis</u>				<u>YES</u>	<u>NO</u>
<u>PERSON</u>				<u>NO</u>	<u>YES</u>

- Pending SSI
case3. Yes ☐ No ☒ Did anyone living in your household file Federal Income Tax last year?YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, PLANILLA DE
CONTRIBUCION, OR TELEFILE TAX RECORDS FOR ALL ADULTS WHO FILE.
DO NOT SEND W-2 FORMS!!!4. Yes ☐ No ☒ Is anyone living in your household self-employed?IF YES - YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX
SCHEDULE FOR C OR F.5. \$ Amount of Real Estate Taxes due each year. ? Paid by USDA I am exempt from paying. ☐6. \$ Amount of Property Insurance paid each year. ? Paid by USDA I do not have insurance. ☐7. ATTACH THE TWO (2) MOST RECENT PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD
AND COMPLETE THE FOLLOWING FOR EACH JOB:

HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYER PHONE NUMBER

*** COMPLETE THE BACK OF THIS FORM ***



RURAL HOUSING SERVICE
PAYMENT SUBSIDY RENEWAL CERTIFICATION

28000043602 L1011001

3

SUSAN M. KENNEDY

40 VALLEY VIEW ROAD
SPENCER NY 14883

RECEIVED

SEP 05 2003 *2/1*

Imaging Processing Unit

08/22/03

0017128479

Please provide the following information in ink. IF ANY REQUESTED INFORMATION IS NOT PROVIDED, YOUR PAYMENT SUBSIDY REQUEST CANNOT BE PROCESSED!

The information I have provided is complete and true to the best of my knowledge. I understand that the information below is being collected to determine if I am eligible to receive payment subsidies and that failure to provide complete and accurate information can result in criminal and civil penalties.

Susan M. Kennedy 9/1/03
Borrower Signature Date

Borrower Signature Date

Home Phone

AREA CODE

Alternate Phone or Work No: () -

YOU MUST RETURN THIS FORM (NOT A COPY) BY MAIL. DO NOT FAX!

1. SIGN AND RETURN THE ATTACHED "AUTHORIZATION TO RELEASE INFORMATION" FORM 3550-1.

2. PLEASE FILL OUT THE FOLLOWING CHART COMPLETELY:

HOUSEHOLD MEMBER'S FULL NAME, BEGIN WITH YOURSELF	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	FULL TIME STUDENT YES/NO	DISABLED YES/NO
				NO	Yes
				Yes	

3. Yes ☐ No ☒ Did anyone living in your household file Federal Income Tax last year?

YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, PLANILLA DE CONTRIBUCION, OR TELEFILE TAX RECORDS FOR ALL ADULTS WHO FILE.
DO NOT SEND W-2 FORMS!!!

4. Yes ☐ No ☒ Is anyone living in your household self-employed?

IF YES - YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX SCHEDULE FOR C OR F.

5. \$ Amount of Real Estate Taxes due each year. *Passed by escrow with you* I am exempt from paying. ☐

6. \$ Amount of Property Insurance paid each year. I do not have Insurance. ☐

7. ATTACH THE TWO (2) MOST RECENT PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD AND COMPLETE THE FOLLOWING FOR EACH JOB:

HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYER PHONE NUMBER

*** COMPLETE THE BACK OF THIS FORM ***



RURAL HOUSING SERVICE
PAYMENT SUBSIDY RENEWAL CERTIFICATION

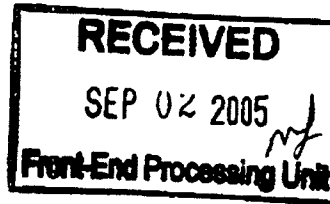
FP000027402 L1011001

SUSAN M. KENNEDY

40 VALLEY VIEW ROAD
SPENCER NY 14883

08/22/05

0017128479



Please provide the following information in ink. IF ANY REQUESTED INFORMATION IS NOT PROVIDED, YOUR PAYMENT SUBSIDY REQUEST CANNOT BE PROCESSED!

The information I have provided is complete and true to the best of my knowledge. I understand that the information below is being collected to determine if I am eligible to receive payment subsidies and that failure to provide complete and accurate information can result in criminal and civil penalties.

Susan M. Kennedy 8/30/05
Borrower Signature Date

Borrower Signature Date

Home Phone

AREA CODE

Alternate Phone or Work No: ()

YOU MUST RETURN THIS FORM (NOT A COPY) BY MAIL. DO NOT FAX!

1. SIGN AND RETURN THE ATTACHED "AUTHORIZATION TO RELEASE INFORMATION" FORM 3550-1.

2. PLEASE FILL OUT THE FOLLOWING CHART COMPLETELY.

HOUSEHOLD MEMBER'S FULL NAME; BEGIN WITH YOURSELF	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	FULL TIME STUDENT YES/NO	DISABLED YES/NO
				No	Yes
				Yes	NO

3. Yes ___ No X Did anyone living in your household file Federal Income Tax last year?

YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, PLANILLA DE CONTRIBUCION, OR TELEFILE TAX RECORDS FOR ALL ADULTS WHO FILE.
DO NOT SEND W-2 FORMS!!!

4. Yes ___ No X Is anyone living in your household self-employed?

IF YES - YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX SCHEDULE FOR C OR F.
It is paid through my Kycrow

5. \$ _____ Amount of Real Estate Taxes due each year. I am exempt from paying. ☐

6. \$ _____ Amount of Property Insurance paid each year. I do not have Insurance. ☐

7. ATTACH THE TWO (2) MOST RECENT PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD AND COMPLETE THE FOLLOWING FOR EACH JOB:

HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYER PHONE NUMBER

*** COMPLETE THE BACK OF THIS FORM ***

RURAL HOUSING SERVICE
PAYMENT SUBSIDY RENEWAL CERTIFICATION

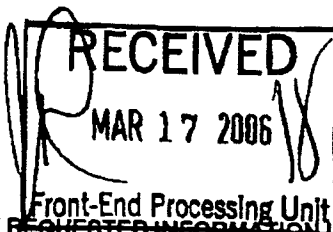
C0000032302 L1011001

SUSAN M KENNEDY

02/17/06

40 VALLEY VIEW ROAD
SPENCER NY 14883

0017128479



Please provide the following information in ink. IF ANY REQUESTED INFORMATION IS NOT PROVIDED, YOUR PAYMENT SUBSIDY REQUEST CANNOT BE PROCESSED!

The information I have provided is complete and true to the best of my knowledge. I understand that the information below is being collected to determine if I am eligible to receive payment subsidies and that failure to provide complete and accurate information can result in criminal and civil penalties.

Susan M. Kennedy 3/13
Borrower Signature Date

Borrower Signature Date

AREA CODE

Alternate Phone or Work No: ()

NOT A COPY) BY MAIL. DO NOT FAX!

1. SIGN AND RETURN THE ATTACHED 'AUTHORIZATION TO RELEASE INFORMATION' FORM 3550-1.

2. PLEASE FILL OUT THE FOLLOWING CHART COMPLETELY:

HOUSEHOLD MEMBER'S FULL NAME; BEGIN	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	FULL TIME STUDENT YES/NO	DISABLED YES/NO
[REDACTED]				NO	NO
				YES	NO

3. Yes ☒ No ☐ Did anyone living in your household file Federal Income Tax last year?

YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, PLANILLA DE CONTRIBUCION, OR TELEFILE TAX RECORDS FOR ALL ADULTS WHO FILE.
DO NOT SEND W-2 FORMS!!!

4. Yes ☐ No ☒ Is anyone living in your household self-employed?

IF YES - YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX SCHEDULE FOR C OR F. *546 Paid by ESCROW*

5. \$ Amount of Real Estate Taxes due each year. I am exempt from paying. ☐

6. \$ Amount of Property Insurance paid each year. I do not have Insurance. ☐

7. ATTACH THE TWO (2) MOST RECENT PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD AND COMPLETE THE FOLLOWING FOR EACH JOB:

HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYER PHONE
Susan Marie Kennedy		[REDACTED]		

*** COMPLETE THE BACK OF THIS FORM ***

RURAL HOUSING SERVICE

EWAL CERTIFICATION

FORM APPROVED
OMB NO. 0575-0172

RECEIVED

APR 22 2008

03/21/08

0017128479

Front-End Processing Unit

ANY REQUESTED INFORMATION IS NOT PROVIDED,

The information I (we) have provided is complete and true to the best of my (our) knowledge. I (we) understand that the information below is being collected to determine if I am (we are) eligible to receive payment subsidies and that failure to provide complete and accurate information can [REDACTED].

Borrower Signature

Date

Borrower Signature

Alternate Phone or Work N [REDACTED]

YOU MUST RETURN THIS FORM (NOT A COPY) BY MAIL. DO NOT FAX!

1. ALL ADULT HOUSEHOLD MEMBERS MUST SIGN AN 'AUTHORIZATION TO RELEASE INFORMATION' FORM 3550-1

2. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY:

HOUSEHOLD MEMBER'S FULL NAME - BEGIN WITH YOURSELF	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	EMPLOYED YES / NO	FULL TIME STUDENT YES / NO	DISABLED YES / NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	✓	✓	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	✓		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]			

Party
Representative

3. Yes ☒ No ☐ Did anyone living in your household file Federal Income Tax last year?
YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, OR TELEFILE TAX RECORDS
FOR ALL ADULT HOUSEHOLD MEMBERS WHO FILED. DO NOT SEND FORM 8453!!!

4. Yes ☐ No ☒ Is anyone living in your household self-employed?
IF YES - YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX SCHEDULE FOR C OR F.

5. \$ _____ Amount of Real Estate Taxes due each year. Escrow I am exempt from paying.
6. \$ _____ Amount of Property Insurance paid each year. I do not have insurance.

7. ATTACH THE TWO (2) MOST RECENT AND CONSECUTIVE PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD AND
COMPLETE THE FOLLOWING FOR EACH JOB:

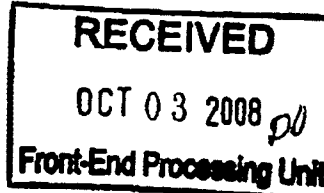
HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME AND ADDRESS	EMPLOYER PHONE NO.
Susan Marie Kennedy	[REDACTED]	[REDACTED]	[REDACTED]
			()
			()

*** COMPLETE 2ND PAGE OF THIS FORM ***

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0055000171284791080521NY3

3M000024202 L1011001

Form RD 3550-21
(03-08)RURAL HOUSING SERVICE
PAYMENT SUBSIDY RENEWAL CERTIFICATIONFORM APPROVED
OMB NO. 0575-017219 SUSAN M KENNEDY
40 VALLEY VIEW ROAD
SPENCER NY 14883

09/03/08

0017128479

Please provide the following information in ink. IF ANY REQUESTED INFORMATION IS NOT PROVIDED,
YOUR PAYMENT SUBSIDY REQUEST CANNOT BE PROCESSED!

The information I (we) have provided is complete and true to the best of my (our) knowledge. I (we) understand that the information below is being collected to determine if I am (we are) eligible to receive payment subsidies and that failure to provide complete and accurate information can result in criminal and civil penalties.

Susan M Kennedy 9/29/08
Borrower Signature Date

Borrower Signature

Date

Alternate Phone or Work No:

YOU MUST RETURN THIS FORM (NOT A COPY) BY MAIL. DO NOT FAX!

1. ALL ADULT HOUSEHOLD MEMBERS MUST SIGN AN 'AUTHORIZATION TO RELEASE INFORMATION' FORM 3550-1

2. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY:

HOUSEHOLD MEMBER'S FULL NAME - BEGIN WITH YOURSELF	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	EMPLOYED YES / NO	FULL TIME STUDENT YES / NO	DISABLED YES / NO
[REDACTED]				✓		
					✓	Partly

3. Yes ☒ No ☐ Did anyone living in your household file Federal Income Tax last year?

YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, OR TELEFILE TAX RECORDS
FOR ALL ADULT HOUSEHOLD MEMBERS WHO FILED. DO NOT SEND FORM 8453!!!

4. Yes ☐ No ☒ Is anyone living in your household self-employed?

IF YES - YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX SCHEDULE FOR C OR F.

5. \$ ESCROW Amount of Real Estate Taxes due each year.

I am exempt from paying.

6. \$ ESCROW Amount of Property Insurance paid each year.

I do not have insurance.

7. ATTACH THE TWO (2) MOST RECENT AND CONSECUTIVE PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD AND
COMPLETE THE FOLLOWING FOR EACH JOB:

HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME AND ADDRESS	EMPLOYER PHONE NO.
Susan M. Kennedy	[REDACTED]		
			()
			()

*** COMPLETE 2ND PAGE OF THIS FORM ***

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0055000171284791080903NY2

J4000021103 11011003

RURAL HOUSING SERVICE
PAYMENT SUBSIDY RENEWAL CERTIFICATIONFORM APPROVED
OMB NO. 0575-0172SUSAN M KENNEDY
40 VALLEY VIEW ROAD
SPENCER NY 14883

RECEIVED

MAY 11 2009

04/06/09

0017128479

Front-End Processing Unit

Please provide the following information in ink. IF ANY REQUESTED INFORMATION IS NOT PROVIDED,
YOUR PAYMENT SUBSIDY REQUEST CANNOT BE PROCESSED!

The information I (we) have provided is complete and true to the best of my (our) knowledge. I (we) understand that the information below is being collected to determine if I am (we are) eligible to receive payment subsidies and that failure to provide complete and accurate information can result in criminal and civil penalties.

Borrower Signature

Date

Borrower Signature

Date

Alternate Phone or Work No: ()

YOU MUST RETURN THIS FORM (NOT A COPY) BY MAIL. DO NOT FAX!

1. ALL ADULT HOUSEHOLD MEMBERS MUST SIGN AN 'AUTHORIZATION TO RELEASE INFORMATION' FORM 3550-1

2. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY:

HOUSEHOLD MEMBER'S FULL NAME - BEGIN WITH YOURSELF	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	EMPLOYED YES / NO	FULL TIME STUDENT YES / NO	DISABLED YES / NO

3. Yes ☒ No ☐ Did anyone living in your household file Federal Income Tax last year?

YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, OR TELEFILE TAX RECORDS
FOR ALL ADULT HOUSEHOLD MEMBERS WHO FILED. DO NOT SEND FORM 8453!!!

4. Yes ☐ No ☒ Is anyone living in your household self-employed?

IF YES - YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX SCHEDULE FOR C OR F.

5. \$ You Pay Amount of Real Estate Taxes due each year. I am exempt from paying.6. \$ You Pay Amount of Property Insurance paid each year. I do not have insurance.7. ATTACH THE TWO (2) MOST RECENT AND CONSECUTIVE PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD AND
COMPLETE THE FOLLOWING FOR EACH JOB:

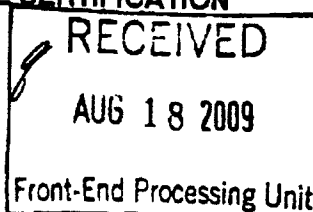
HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME AND ADDRESS	EMPLOYER PHONE NO.
		Finger Lakes Independence Center	
			()
			()

*** COMPLETE 2ND PAGE OF THIS FORM ***

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0055000171284791090406NY2

*R00000000000 L1011003

Form RD 3550-21
(03-06)RURAL HOUSING SERVICE
PAYMENT SUBSIDY RENEWAL CERTIFICATIONFORM APPROVED
OMB NO. 0575-0172SUSAN M KENNEDY
40 VALLEY VIEW ROAD
SPENCER NY 14883

08/06/09

0017128479

Please provide the following information in ink. IF ANY REQUESTED INFORMATION IS NOT PROVIDED,
YOUR PAYMENT SUBSIDY REQUEST CANNOT BE PROCESSED!

The information I (we) have provided is complete and true to the best of my (our) knowledge. I (we) understand that the information below is being collected to determine if I am (we are) eligible to receive payment subsidies and that failure to provide complete and accurate information can result in criminal and civil penalties.

Susan M Kennedy
Borrower Signature

8/13/09
Date

Borrower Signature

Date

1. ALL ADULT HOUSEHOLD MEMBERS MUST SIGN AN "AUTHORIZATION TO RELEASE INFORMATION" FORM 3550-1

2. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY:

HOUSEHOLD MEMBER'S FULL NAME - BEGIN WITH YOURSELF	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	EMPLOYED YES / NO	FULL TIME STUDENT YES / NO	DISABLED YES / NO
[REDACTED]				✓		✓
					✓	

3. Yes X No ___ Did anyone living in your household file Federal Income Tax last year? *me*
YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, OR TELEFILE TAX RECORDS
FOR ALL ADULT HOUSEHOLD MEMBERS WHO FILED. DO NOT SEND FORM 8453!!!

4. Yes ___ No X Is anyone living in your household self-employed?
IF YES - YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX SCHEDULE FOR C OR F.

5. \$ _____ Amount of Real Estate Taxes due each year. I am exempt from paying.

6. \$ _____ Amount of Property Insurance paid each year. I do not have insurance.

7. ATTACH THE TWO (2) MOST RECENT AND CONSECUTIVE PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD AND
COMPLETE THE FOLLOWING FOR EACH JOB:

HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME AND ADDRESS	EMPLOYER PHONE NO.
[REDACTED]			
			()
			()

*** COMPLETE 2ND PAGE OF THIS FORM ***

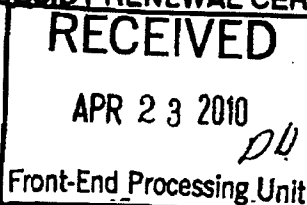
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0055000171284791090806NY2

Form RD 3550-21
(03-06)RURAL HOUSING SERVICE
PAYMENT SUBSIDY RENEWAL CERTIFICATIONFORM APPROVED
OMB NO. 0575-01728 SUSAN M KENNEDY
40 VALLEY VIEW ROAD
SPENCER NY 14883

04/12/10

0017128479



Please provide the following information in ink. IF ANY REQUESTED INFORMATION IS NOT PROVIDED,
YOUR PAYMENT SUBSIDY REQUEST CANNOT BE PROCESSED!

The information I (we) have provided is complete and true to the best of my (our) knowledge. I (we) understand that the information below is being collected to determine if I am (we are) eligible to receive payment subsidies and that failure to provide complete and accurate information can result in criminal and civil penalties.

Susan M. Kennedy 4/20/2010
Borrower Signature Date

Borrower Signature

Date

YOU MUST RETURN THIS FORM (NOT A COPY) BY MAIL. DO NOT FAX!

1. ALL ADULT HOUSEHOLD MEMBERS MUST SIGN AN "AUTHORIZATION TO RELEASE INFORMATION" FORM 3550-1

2. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY:

HOUSEHOLD MEMBER'S FULL NAME - BEGIN WITH YOURSELF	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	EMPLOYED YES / NO	FULL TIME STUDENT YES / NO	DISABLED YES / NO
<i>Susan M.</i>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

NOT LIVE HERE ANY MORE
His New Address is 412 Douglas Road New Rochelle N.Y.

3. Yes ☒ No ___ Did anyone living in your household file Federal Income Tax last year?

YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, OR TELEFILE TAX RECORDS
FOR ALL ADULT HOUSEHOLD MEMBERS WHO FILED. DO NOT SEND FORM 8453!!!

4. Yes ___ No ☒ Is anyone living in your household self-employed?

IF YES - YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX SCHEDULE FOR C OR F.

5. \$ ___ Amount of Real Estate Taxes due each year.

I am exempt from paying.

6. \$ *597.00* Amount of Property Insurance paid each year.

I do not have insurance.

7. ATTACH THE TWO (2) MOST RECENT AND CONSECUTIVE PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD AND
COMPLETE THE FOLLOWING FOR EACH JOB:

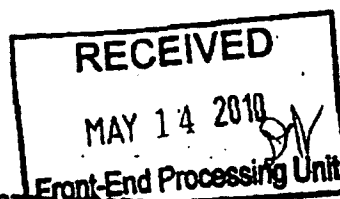
HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME AND ADDRESS	EMPLOYER PHONE NO.
<i>Susan M. Kennedy</i>			
			()
			()

*** COMPLETE 2ND PAGE OF THIS FORM ***

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0055000171284791100412NY2

0000002203 L1011003

Form RD 3550-21
(03-06)RURAL HOUSING SERVICE
PAYMENT SUBSIDY RENEWAL CERTIFICATIONFORM APPROVED
OMB NO. 0575-0172SUSAN M KENNEDY
40 VALLEY VIEW ROAD
SPENCER NY 14883

05/03/10

0017128479

Please provide the following information in ink. IF ANY REQUESTED INFORMATION IS NOT PROVIDED,
YOUR PAYMENT SUBSIDY REQUEST CANNOT BE PROCESSED!

The information I (we) have provided is complete and true to the best of my (our) knowledge. I (we) understand that the information below is being collected to determine if I am (we are) eligible to receive payment subsidies and that failure to provide complete and accurate information can result in criminal and civil penalties.

Susan M. Kennedy 5/11/2010
Borrower Signature Date

Borrower Signature Date

Home Phone

Alternate Phone or Work No

YOU MUST RETURN THIS FORM (NOT A COPY) BY MAIL. DO NOT FAX!

1. ALL ADULT HOUSEHOLD MEMBERS MUST SIGN AN "AUTHORIZATION TO RELEASE INFORMATION" FORM 3550-1
2. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY:

HOUSEHOLD MEMBER'S FULL NAME - BEGIN WITH YOURSELF	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	EMPLOYED	FULL TIME STUDENT YES/NO	DISABLED YES/NO
<u>Susan Marie Kennedy</u>	<u>S</u>				<u>✓</u>	<u>✓</u>

3. Yes ✓ No ___ Did anyone living in your household file Federal Income Tax last year?
YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, OR TELEFILE TAX RECORDS
FOR ALL ADULT HOUSEHOLD MEMBERS WHO FILED. DO NOT SEND FORM 8453!!!

4. Yes ___ No ✓ Is anyone living in your household self-employed?
IF YES - YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX SCHEDULE FOR C OR F.
Town & County School

5. \$ 931.35 600.46 Amount of Real Estate Taxes due each year. I am exempt from paying.
6. \$ 597.00 Amount of Property Insurance paid each year. I do not have insurance.

7. ATTACH THE TWO (2) MOST RECENT AND CONSECUTIVE PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD AND
COMPLETE THE FOLLOWING FOR EACH JOB:

HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME AND ADDRESS	EMPLOYER PHONE NO.
<u>Susan Marie Kennedy</u>	<u>N/A</u>		()
			()
			()

*** COMPLETE 2ND PAGE OF THIS FORM ***

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Form RD 3550-21
(03-06)RURAL HOUSING SERVICE
PAYMENT SUBSIDY RENEWAL CERTIFICATIONFORM APPROVED
OMB NO. 0575-017212/20
SUSAN M KENNEDY
40 VALLEY VIEW ROAD
SPENCER NY 14883RECEIVED
NOV 21 2011

Imaging Processing Unit

07/07/10

0017128479

Please provide the following information in ink. IF ANY REQUESTED INFORMATION IS NOT PROVIDED,
YOUR PAYMENT SUBSIDY REQUEST CANNOT BE PROCESSED!

The information I (we) have provided is complete and true to the best of my (our) knowledge. I (we) understand that the information below is being collected to determine if I am (we are) eligible to receive payment subsidies and that failure to provide complete and accurate information can result in criminal and civil penalties.

Borrower Signature

Date

Borrower Signature

Date

Alternate Phone or Work No:

FORM (NOT A COPY) BY MAIL. DO NOT FAX.

1. ALL ADULT HOUSEHOLD MEMBERS MUST SIGN AN 'AUTHORIZATION TO RELEASE INFORMATION' FORM 3550-1
2. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY:

HOUSEHOLD MEMBER'S FULL NAME - BEGIN WITH YOURSELF	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	EMPLOYED YES / NO	FULL TIME STUDENT YES / NO	DISABLED YES / NO
Susan M. Kennedy				✓		✓

3. Yes ☒ No ☐ Did anyone living in your household file Federal Income Tax last year? You Have copies for this year
YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, OR TELEFILE TAX RECORDS FOR ALL ADULT HOUSEHOLD MEMBERS WHO FILED. DO NOT SEND FORM 8453!!!
4. Yes ☐ No ☒ Is anyone living in your household self-employed?
IF YES - YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX SCHEDULE FOR C OR F.

5. \$ _____ Amount of Real Estate Taxes due each year. you pay I am exempt from paying.
6. \$ _____ Amount of Property Insurance paid each year. out of escrow I do not have insurance.

7. ATTACH THE TWO (2) MOST RECENT AND CONSECUTIVE PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD AND COMPLETE THE FOLLOWING FOR EACH JOB:

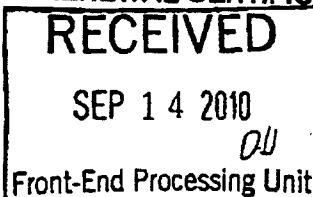
HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME AND ADDRESS	EMPLOYER PHONE NO.

*** COMPLETE 2ND PAGE OF THIS FORM ***

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0055000171284791100707NY2

KY000016903 L1011003

Form RD 3550-21
(03-06)RURAL HOUSING SERVICE
PAYMENT SUBSIDY RENEWAL CERTIFICATIONFORM APPROVED
OMB NO. 0575-017213 SUSAN M KENNEDY
40 VALLEY VIEW ROAD
SPENCER NY 14883

08/20/10

0017128479

Please provide the following information in ink. IF ANY REQUESTED INFORMATION IS NOT PROVIDED,
YOUR PAYMENT SUBSIDY REQUEST CANNOT BE PROCESSED!

The information I (we) have provided is complete and true to the best of my (our) knowledge. I (we) understand that the information below is being collected to determine if I am (we are) eligible to receive payment subsidies and that failure to provide complete and accurate information can result in criminal and civil penalties.

Susan M. Kennedy
Borrower Signature

Date

Borrower Signature

Date

Alternate Phone or Work No: ()

YOU MUST RETURN THIS FORM (NOT A COPY) BY MAIL. DO NOT FAX!

1. ALL ADULT HOUSEHOLD MEMBERS MUST SIGN AN 'AUTHORIZATION TO RELEASE INFORMATION' FORM 3550-1

2. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY:

HOUSEHOLD MEMBER'S FULL NAME - BEGIN WITH YOURSELF	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	EMPLOYED YES / NO	FULL TIME STUDENT YES / NO	DISABLED YES / NO
<i>Susan M. Kennedy</i>				<i>X</i>	<i>X</i>	<i>X</i>

3. Yes *X* No ___ Did anyone living in your household file Federal Income Tax last year? *You Have 3 copies so far this*
YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, OR TELEFILE TAX RECORDS *Yea*
FOR ALL ADULT HOUSEHOLD MEMBERS WHO FILED. DO NOT SEND FORM 8453!!!

4. Yes ___ No *X* Is anyone living in your household self-employed?
IF YES - YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX SCHEDULE FOR C OR F.

5. \$ *You Pay* Amount of Real Estate Taxes due each year. I am exempt from paying.

6. \$ *You Pay* Amount of Property Insurance paid each year. *ESCROW* I do not have insurance.

7. ATTACH THE TWO (2) MOST RECENT AND CONSECUTIVE PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD AND
COMPLETE THE FOLLOWING FOR EACH JOB:

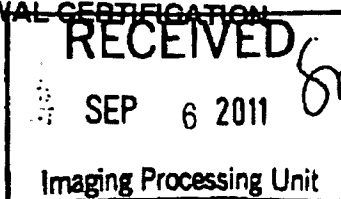
HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME AND ADDRESS	EMPLOYER PHONE NO.
<i>Susan Marie Kennedy</i>			
			()
			()

*** COMPLETE 2ND PAGE OF THIS FORM ***

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0055000171284791101021NY3

00000026602 11011001

Form RD 3550-21
(03-06)RURAL HOUSING SERVICE
PAYMENT SUBSIDY RENEWAL CERTIFICATIONFORM APPROVED
OMB NO. 0575-01729/20
SUSAN M KENNEDY
40 VALLEY VIEW ROAD
SPENCER NY 1488308/22/11
0017128479

Please provide the following information in ink. IF ANY REQUESTED INFORMATION IS NOT PROVIDED,
YOUR PAYMENT SUBSIDY REQUEST CANNOT BE PROCESSED!

The information I (we) have provided is complete and true to the best of my (our) knowledge. I (we) understand that the information below is being collected to determine if I am (we are) eligible to receive payment subsidies and that failure to provide complete and accurate information can result in criminal and civil penalties.

Susan M Kennedy 9/1/2011
Borrower Signature Date Borrower Signature Date

Home Phone [REDACTED] Alternate Phone or Work No: ()

YOU MUST RETURN THIS FORM (NOT A COPY) BY MAIL. DO NOT FAX!

1. ALL ADULT HOUSEHOLD MEMBERS MUST SIGN AN "AUTHORIZATION TO RELEASE INFORMATION" FORM 3550-1

2. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY:

HOUSEHOLD MEMBER'S FULL NAME - BEGIN WITH YOURSELF	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	EMPLOYED YES / NO	FULL TIME STUDENT YES / NO	DISABLED YES / NO
<u>Susan M Kennedy</u>	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Thomas H Peterson</u>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3. Yes ☒ No ☐ Did anyone living in your household file Federal Income Tax last year?
YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, OR TELEFILE TAX RECORDS
FOR ALL ADULT HOUSEHOLD MEMBERS WHO FILED. DO NOT SEND FORM 8453!!!

4. Yes ☐ No ☒ Is anyone living in your household self-employed?
IF YES -- YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX SCHEDULE FOR C OR F.

5. \$ Amount of Real Estate Taxes due each year. You Pay I am exempt from paying.

6. \$ Amount of Property Insurance paid each year. You Pay I do not have insurance.

7. ATTACH THE TWO (2) MOST RECENT AND CONSECUTIVE PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD AND
COMPLETE THE FOLLOWING FOR EACH JOB:

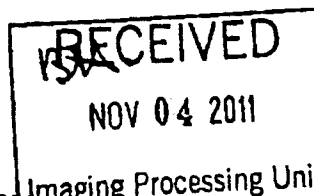
HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME AND ADDRESS	EMPLOYER PHONE NO.
			()
			()
			()

*** COMPLETE 2ND PAGE OF THIS FORM ***

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0055000171284791111021NY3

RT000024602 L101001

Form RD 3550-21
(03-08)RURAL HOUSING SERVICE
PAYMENT SUBSIDY RENEWAL CERTIFICATIONFORM APPROVED
OMB NO. 0575-0172SUSAN M KENNEDY
40 VALLEY VIEW ROAD
SPENCER NY 14883

10/26/11

0017128479

Please provide the following information in ink. IF ANY REQUESTED INFORMATION IS NOT PROVIDED,
YOUR PAYMENT SUBSIDY REQUEST CANNOT BE PROCESSED!

The information I (we) have provided is complete and true to the best of my (our) knowledge. I (we) understand that the information below is being collected to determine if I am (we are) eligible to receive payment subsidies and that failure to provide complete and accurate information can result in criminal and civil penalties.

Susan M. Kennedy 11/1/2011
Borrower Signature Date

Borrower Signature Date

Home Phone

Alternate Phone or Work No: ()

YOU MUST RETURN THIS FORM (NOT A COPY) BY MAIL. DO NOT FAX!

1. ALL ADULT HOUSEHOLD MEMBERS MUST SIGN AN "AUTHORIZATION TO RELEASE INFORMATION" FORM 3550-1
2. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY:

HOUSEHOLD MEMBER'S FULL NAME - BEGIN WITH YOURSELF	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	EMPLOYED YES/NO	FULL TIME STUDENT YES/NO	DISABLED YES/NO
<u>Susan M. Kennedy</u>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3. Yes ☒ No ☐ Did anyone living in your household file Federal Income Tax last year?
YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, OR TELEFILE TAX RECORDS
FOR ALL ADULT HOUSEHOLD MEMBERS WHO FILED. DO NOT SEND FORM 8453!!!

4. Yes ☐ No ☒ Is anyone living in your household self-employed?
IF YES - YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX SCHEDULE FOR C OR F.

5. \$ 961.53 Amount of Real Estate Taxes due each year. I am exempt from paying.

6. \$ 621.00 Amount of Property Insurance paid each year. I do not have insurance.

7. ATTACH THE TWO (2) MOST RECENT AND CONSECUTIVE PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD AND
COMPLETE THE FOLLOWING FOR EACH JOB:

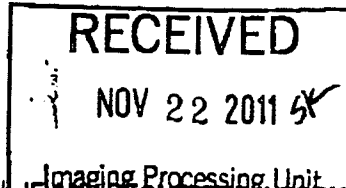
HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME AND ADDRESS	EMPLOYER PHONE NO.
	<u>NOT WORKING AS OF 10/6/11</u>		()
			()
			()

*** COMPLETE 2ND PAGE OF THIS FORM ***

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0055000171284791111026NY1

00000002703 L1011007

Form RD 3550-21
(03-06)RURAL HOUSING SERVICE
PAYMENT SUBSIDY RENEWAL CERTIFICATIONFORM APPROVED
OMB NO. 0575-017210
SUSAN M KENNEDY
40 VALLEY VIEW RD
SPENCER NY 14883

11/10/11

0017128479

Please provide the following information in ink. IF ANY REQUESTED INFORMATION IS NOT PROVIDED,
YOUR PAYMENT SUBSIDY REQUEST CANNOT BE PROCESSED!

The information I (we) have provided is complete and true to the best of my (our) knowledge. I (we) understand that the information below is being collected to determine if I am (we are) eligible to receive payment subsidies and that failure to provide complete and accurate information can result in criminal and civil penalties.

Susan M. Kennedy 11/17/11 _____
Borrower Signature Date Borrower Signature Date

Home Phone No: () _____ Alternate Phone or Work No: () _____

YOU MUST RETURN THIS FORM (NOT A COPY) BY MAIL. DO NOT FAX!

1. ALL ADULT HOUSEHOLD MEMBERS MUST SIGN AN 'AUTHORIZATION TO RELEASE INFORMATION' FORM 3550-1

2. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY:

HOUSEHOLD MEMBER'S FULL NAME - BEGIN WITH YOURSELF	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	EMPLOYED YES / NO	FULL TIME STUDENT YES / NO	DISABLED YES / NO
<u>Susan M. Kennedy</u>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3. Yes ☒ No ☐ Did anyone living in your household file Federal Income Tax last year?
YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, OR TELEFILE TAX RECORDS FOR ALL ADULT HOUSEHOLD MEMBERS WHO FILED. DO NOT SEND FORM 8453!!!

4. Yes ☐ No ☒ Is anyone living in your household self-employed?
IF YES - YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX SCHEDULE FOR C OR F.

5. \$ _____ Amount of Real Estate Taxes due each year. you have I am exempt from paying.

6. \$ _____ Amount of Property Insurance paid each year. Them I do not have insurance.

7. ATTACH THE TWO (2) MOST RECENT AND CONSECUTIVE PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD AND COMPLETE THE FOLLOWING FOR EACH JOB:

HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME AND ADDRESS	EMPLOYER PHONE NO.
			()
			()
			()

*** COMPLETE 2ND PAGE OF THIS FORM ***

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0055000171284791111021NY3

**RURAL HOUSING SERVICE
PAYMENT SUBSIDY RENEWAL CERTIFICATION
RECEIVED**

FORM APPROVED
OMB NO. 0575-0172

SUSAN M KENNEDY
40 VALLEY VIEW RD
SPENCER NY 14883

SEP 16 2013

08/22/13

0017128479

Please provide the following information in ink. IF ANY REQUESTED INFORMATION IS NOT PROVIDED,
YOUR PAYMENT SUBSIDY REQUEST CANNOT BE PROCESSED!

The information I (we) have provided is complete and true to the best of my (our) knowledge. I (we) understand that the information below is being collected to determine if I am (we are) eligible to receive payment subsidies and that failure to provide complete and accurate information can result in criminal and civil penalties.

Susan M Kennedy 8/8/2013
Borrower Signature Date

Borrower Signature Date

Home Phone No: [REDACTED] Alternate Phone or Work No: ()

YOU MUST RETURN THIS FORM (NOT A COPY) BY MAIL. DO NOT FAX!

1. ALL ADULT HOUSEHOLD MEMBERS MUST SIGN AN "AUTHORIZATION TO RELEASE INFORMATION" FORM 3550-1

2. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY:

HOUSEHOLD MEMBER'S FULL NAME - BEGIN WITH YOURSELF	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	EMPLOYED YES / NO	FULL TIME STUDENT YES / NO	DISABLED YES / NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	X	X	X

3. Yes ☐ No ☒ Did anyone living in your household file Federal Income Tax last year?
YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, OR TELEFILE TAX RECORDS
FOR ALL ADULT HOUSEHOLD MEMBERS WHO FILED. DO NOT SEND FORM 8453!!!

4. Yes ☐ No ☒ Is anyone living in your household self-employed?
IF YES -- YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX SCHEDULE FOR C OR F.

5. \$ FS CROW Amount of Real Estate Taxes due each year. I am exempt from paying.

6. \$ ESC ROW Amount of Property Insurance paid each year. I do not have insurance.

7. ATTACH THE TWO (2) MOST RECENT AND CONSECUTIVE PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD AND
COMPLETE THE FOLLOWING FOR EACH JOB:

HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME AND ADDRESS	EMPLOYER PHONE NO.
			()
			()
			()

*** COMPLETE 2ND PAGE OF THIS FORM ***

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0055000171284791131021NY3

52000014102 L1011001

Form RD 3550-21
(03-06)RURAL HOUSING SERVICE
PAYMENT SUBSIDY RENEWAL CERTIFICATIONFORM APPROVED
OMB NO. 0575-017218
SUSAN M KENNEDY
40 VALLEY VIEW RD
SPENCER NY 14883RECEIVED
SEP 08 2014
EFMD/FEDC

08/22/14

0017128479

Please provide the following information in ink. IF ANY REQUESTED INFORMATION IS NOT PROVIDED,
YOUR PAYMENT SUBSIDY REQUEST CANNOT BE PROCESSED!The information I (we) have provided is complete and true to the best of my (our) knowledge. I (we) understand that the
information below is being collected to determine if I am (we are) eligible to receive payment subsidies and that failure to
provide complete and accurate information can result in criminal and civil penalties.Borrower Signature Susan M Kennedy Date 8/8/14 Borrower Signature _____ Date _____Home Phone No: 331 Alternate Phone or Work No: ()

YOU MUST RETURN THIS FORM (NOT A COPY) BY MAIL. DO NOT FAX!

1. ALL ADULT HOUSEHOLD MEMBERS MUST SIGN AN "AUTHORIZATION TO RELEASE INFORMATION" FORM 3550-1

2. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY:

HOUSEHOLD MEMBER'S FULL NAME - BEGIN WITH	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	EMPLOYED YES / NO	FULL TIME STUDENT YES / NO	DISABLED YES / NO
				✓	✓	✓

3. Yes ___ No ✓ Did anyone living in your household file Federal Income Tax last year?YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, OR TELEFILE TAX RECORDS
FOR ALL ADULT HOUSEHOLD MEMBERS WHO FILED. DO NOT SEND FORM 8453!!!4. Yes ___ No ✓ Is anyone living in your household self-employed?

IF YES -- YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX SCHEDULE FOR C OR F.

5. \$ In Escrow Amount of Real Estate Taxes due each year. I am exempt from paying.6. \$ In Escrow Amount of Property Insurance paid each year. I do not have insurance.7. ATTACH THE TWO (2) MOST RECENT AND CONSECUTIVE PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD AND
COMPLETE THE FOLLOWING FOR EACH JOB:

HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME AND ADDRESS	EMPLOYER PHONE NO.
			()
			()
			()

*** COMPLETE 2ND PAGE OF THIS FORM ***

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0055000171284791141021NY3

XK00020802 L1011001

Form RD 3550-21
(03-06)RURAL HOUSING SERVICE
PAYMENT SUBSIDY RENEWAL CERTIFICATIONFORM APPROVED
OMB NO. 0575-0172SUSAN M KENNEDY
40 VALLEY VIEW RD
SPENCER NY 14883

12/31/15

0017128479

JAN 25 2016

Please provide the following information in ink. IF ANY REQUESTED INFORMATION IS NOT PROVIDED,
YOUR PAYMENT SUBSIDY REQUEST CANNOT BE PROCESSED!The information I (we) have provided is complete and true to the best of my (our) knowledge. I (we) understand that the
information below is being collected to determine if I am (we are) eligible to receive payment subsidies and that failure to
provide complete and accurate information can result in criminal and civil penalties.Susan M. Kennedy 1/30/2016
Borrower Signature Date

Borrower Signature Date

Home Phone No: [REDACTED] Alternate Phone or Work No: ()

YOU MUST RETURN THIS FORM (NOT A COPY) BY MAIL. DO NOT FAX!

1. ALL ADULT HOUSEHOLD MEMBERS MUST SIGN AN 'AUTHORIZATION TO RELEASE INFORMATION' FORM 3550-1

2. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY:

HOUSEHOLD MEMBER'S FULL NAME - BEGIN WITH YOURSELF	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	EMPLOYED YES / NO	FULL TIME STUDENT YES / NO	DISABLED YES / NO
Susan M. Kennedy	[REDACTED]	[REDACTED]	[REDACTED]	✓	✓	✓

3. Yes ___ No ___ Did anyone living in your household file Federal Income Tax last year?
YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, OR TELEFILE TAX RECORDS
FOR ALL ADULT HOUSEHOLD MEMBERS WHO FILED. DO NOT SEND FORM 8453!!!4. Yes ___ No ✓ Is anyone living in your household self-employed?
IF YES - YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX SCHEDULE FOR C OR F.

5. \$ EXCROW Amount of Real Estate Taxes due each year. I am exempt from paying.

6. \$ EXCROW Amount of Property Insurance paid each year. I do not have insurance.

7. ATTACH THE TWO (2) MOST RECENT AND CONSECUTIVE PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD AND
COMPLETE THE FOLLOWING FOR EACH JOB:

HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME AND ADDRESS	EMPLOYER PHONE NO.
			()
			()
			()

*** COMPLETE 2ND PAGE OF THIS FORM ***

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0055000171284791151231NY2

Form RD 3550-21
(03-06)RURAL HOUSING SERVICE
PAYMENT SUBSIDY RENEWAL CERTIFICATIONFORM APPROVED
OMB NO. 0575-0172X SUSAN M KENNEDY
40 VALLEY VIEW RD
SPENCER NY 14883

08/22/16

0017128479

04
SEP 06 2016Please provide the following information in ink. IF ANY REQUESTED INFORMATION IS NOT PROVIDED,
YOUR PAYMENT SUBSIDY REQUEST CANNOT BE PROCESSED!The information I (we) have provided is complete and true to the best of my (our) knowledge. I (we) understand that the
information below is being collected to determine if I am (we are) eligible to receive payment subsidies and that failure to
provide complete and accurate information can result in criminal and civil penalties.Borrower Signature Susan M. Kennedy Date 9/1/16 Borrower Signature _____ Date _____Home Phone N. 607-444-2222 Alternate Phone or Work No: 607-444-2222

YOU MUST RETURN THIS FORM (NOT A COPY) BY MAIL. DO NOT FAX!

1. ALL ADULT HOUSEHOLD MEMBERS MUST SIGN AN "AUTHORIZATION TO RELEASE INFORMATION" FORM 3550-1

2. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY:

HOUSEHOLD MEMBER'S FULL NAME - BEGIN WITH YOURSELF	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	EMPLOYED YES / NO	FULL TIME STUDENT YES / NO	DISABLED YES / NO
<u>Susan M. Kennedy</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>

3. Yes No ✓ Did anyone living in your household file Federal Income Tax last year?
YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, OR TELEFILE TAX RECORDS
FOR ALL ADULT HOUSEHOLD MEMBERS WHO FILED. DO NOT SEND FORM 8453!!!4. Yes No ✓ Is anyone living in your household self-employed?
IF YES -- YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX SCHEDULE FOR C OR F.5. \$ You Pay Escrow Amount of Real Estate Taxes due each year. I am exempt from paying.6. \$ Escrow Amount of Property Insurance paid each year. I do not have insurance.7. ATTACH THE TWO (2) MOST RECENT AND CONSECUTIVE PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD AND
COMPLETE THE FOLLOWING FOR EACH JOB:

HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME AND ADDRESS	EMPLOYER PHONE NO.
			()
			()
			()

*** COMPLETE 2ND PAGE OF THIS FORM ***

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

0055000171284791161021NY3

FORM RECD 1944-14

UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL HOUSING SERVICEFORM APPROVED
OMB NO. 0575-0172

PAYMENT ASSISTANCE/DEFERRED MORTGAGE ASSISTANCE AGREEMENT

EFFECTIVE: 05/21/99

PAYMENT PLAN: MONTHLY

AGRMT TYPE: NEW

ACCOUNT NUMBER	NOTE DATE	NOTE AMOUNT	MON INSTLMNT AT NOTE RATE	MONTHLY PAYMENT	MONTHLY PAYMENT ASSISTANCE
17128479	04/21/99	50,161.00	303.75	148.77	154.98

1. THIS AGREEMENT BETWEEN THE UNITED STATES OF AMERICA, ACTING THROUGH THE RURAL HOUSING SERVICE (RHS) PURSUANT TO SECTION 521 OF THE HOUSING ACT OF 1949, (CALLED "THE GOVERNMENT") AND THE BORROWER WHOSE NAME APPEARS BELOW (CALLED "THE BORROWER") SUPPLEMENTS PROMISSORY NOTES OR ASSUMPTION AGREEMENTS (CALLED "THE NOTE" WHETHER ONE OR MORE) FROM BORROWER TO THE GOVERNMENT AS DESCRIBED ABOVE.
2. ADJUSTED FAMILY INCOME LIMITS FOR TOMPKINS COUNTY AS OF 02/26/99
VERY LOW: \$21,700 LOW: \$34,700 MODERATE: \$40,200 MEDIAN: \$43,400
3. HOUSEHOLD AND INCOME INFORMATION - TO BE COMPLETED BY THE BORROWER.
COMPLETE THE FOLLOWING FOR BORROWER, CO-BORROWER, AND ALL ADULT MEMBERS OF THE HOUSEHOLD WHO WILL RECEIVE INCOME.

PLANNED INCOME
NEXT 12 MONTHS

NAME

AGE WAGES OTHER

NAMES & ADDRESSES OF SOURCES OF INCOME

SSI/INT. INCOME
SSI

ANNUAL REAL ESTATE TAXES	(DWELLING ONLY)	1,430.59
ANNUAL PROPERTY INSURANCE PREMIUM	(DWELLING ONLY)	224.00

SIGNATURES OF BORROWERS: I (WE) CERTIFY THAT HOUSEHOLD AND FINANCIAL INFORMATION SUBMITTED TO RURAL HOUSING SERVICE IS CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE AND HAVE READ AND UNDERSTOOD THE REQUIREMENTS AND CONDITIONS ON PAGES 2 AND 3 OF THIS AGREEMENT.

NOTICE: FAILURE TO DISCLOSE ACCURATE AND TRUTHFUL FINANCIAL INFORMATION MAY RESULT IN THE TERMINATION OF PROGRAM ASSISTANCE CURRENTLY BEING RECEIVED, AND THE DENIAL OF FUTURE PROGRAM ASSISTANCE.

WARNING: SECTION 1001 OF TITLE 18, UNITED STATES CODE, PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME, OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH."

4/21/99
(DATE)SUSAN M. KENNEDY
(BORROWER)

(CO-BORROWER)

FORM RECD 1944-14

UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL HOUSING SERVICE
PAYMENT ASSISTANCE/DEFERRED MORTGAGE ASSISTANCE AGREEMENT

PAGE 2

4. INCOME & PAYMENT CALCULATIONS-TO BE COMPLETED BY RHS OFFICIAL OR DESIGNEE.

TOTAL ANNUAL INCOME 13,541.47
DEDUCTIONS 480.00
ADJUSTED ANN INCOME 13,060.00

ADJUSTED ANNUAL INCOME EQUALS 30.09 % OF MEDIAN INCOME
EQUIVALENT RATE OF INTEREST IS 1.0000 %

MONTHLY INSTALLMENT BASED ON EQUIVALENT RATE OF INTEREST	148.77
MONTHLY REAL ESTATE TAX PAYMENT	119.22
MONTHLY PROPERTY INSURANCE PAYMENT	18.67
TOTAL PITI BASED ON EQUIVALENT RATE OF INTEREST	286.66
ADJUSTED INCOME X 22% / 12	
MONTHLY NOTE RATE INSTALLMENT	239.43
MONTHLY PAYMENT	303.75
MONTHLY PAYMENT ASSISTANCE	148.77
	154.98

5. SUBJECT TO THE PROVISIONS OF THIS AGREEMENT, THE BORROWER WILL PAY 148.77 DOLLARS PER MONTH FOR 12 MONTHS BEGINNING 05/21/99. THIS AGREEMENT MAY BE REVISED OR CANCELED AS PROVIDED BY THE CONDITIONS LISTED ON PAGE 3 OF THIS AGREEMENT.

PUBLIC REPORTING BURDEN FOR THIS COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 20 MINUTES PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND MAINTAINING THE DATA NEEDED, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. SEND COMMENTS REGARDING THIS BURDEN ESTIMATE OR ANY OTHER ASPECT OF THE COLLECTION OF INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THIS BURDEN, TO DEPARTMENT OF AGRICULTURE, CLEARANCE OFFICE, OIRM ROOM 404-W, WASHINGTON, D.C. 20250, AND TO THE OFFICE OF MANAGEMENT AND BUDGET, PAPERWORK REDUCTION PROJECT (OMB NO. 0575-0059), WASHINGTON, D.C. 20503.

FORM RECD 1944-14

UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL HOUSING SERVICE
PAYMENT ASSISTANCE/DEFERRED MORTGAGE ASSISTANCE AGREEMENT

PAGE 3

6. DEFERRED PAYMENT CALCULATIONS

DATE OF INITIAL DEFERRED PAYMENT AGREEMENT: 00/00/00

ANNUAL NOTE PAYMENT AT 1%	\$0.00	TOTAL ANNUAL INCOME X 29%	\$0.00
ANNUAL REAL ESTATE TAXES	\$0.00		
ANNUAL PROPERTY INSURANCE	\$0.00	MONTHLY DEFERRED PAYMENT	\$0.00
ANNUAL PITI	\$0.00	MONTHLY DEFERRED ASSISTANCE	\$0.00

7. AS REQUESTED BY THE GOVERNMENT, THE BORROWER WILL SUBMIT TO THE GOVERNMENT, IN A FORM PRESCRIBED OR APPROVED BY IT, A STATEMENT OF THE BORROWER'S TOTAL ANNUAL INCOME AND EXPENSES FOR THE PREVIOUS CALENDAR YEAR OR OTHER DESIGNATED PERIODS.
8. THE GOVERNMENT MAY REVIEW THE BORROWER'S ANNUAL INCOME AND EXPENSES DURING THE TERM OF THIS AGREEMENT AND, IN ACCORDANCE WITH ITS REGULATIONS, MAY AT ITS DISCRETION INCREASE, DECREASE, OR CANCEL ANY AMOUNT OF PAYMENT ASSISTANCE OR DEFERRED MORTGAGE ASSISTANCE GRANTED UNDER THIS AGREEMENT. THE GOVERNMENT MAY ALSO DETERMINE WHETHER TO OFFER A NEW AGREEMENT FOR THE SUCCEEDING YEAR OR OTHER SELECTED PERIOD FOLLOWING THE PERIOD COVERED BY THIS AGREEMENT.
9. AT ITS OPTION, THE GOVERNMENT MAY TERMINATE THIS AGREEMENT AT ANY TIME IT DETERMINES THAT:
- THE BORROWER HAS DEFAULTED UNDER ANY TERMS OR CONDITIONS OF THIS AGREEMENT, THE NOTE, OR ANY INSTRUMENT SECURING THE BORROWER'S LOAN OBLIGATIONS.
 - THE BORROWER HAS NEVER OCCUPIED THE DWELLING AND RHS WILL NOT CONTINUE THE LOAN.
 - THE BORROWER CEASES TO OCCUPY THE DWELLING.
 - THE PROPERTY SECURING THE LOAN OBLIGATION HAS BEEN SOLD OR THE TITLE TRANSFERRED WITHOUT THE GOVERNMENT'S CONSENT OR APPROVAL.
 - THE BORROWER IS NO LONGER ELIGIBLE FOR PAYMENT ASSISTANCE OR DEFERRED MORTGAGE ASSISTANCE.
10. DEFERRED PAYMENTS CANNOT BE GRANTED AFTER 15 YEARS FROM THE EFFECTIVE DATE OF THE INITIAL PAYMENT ASSISTANCE AGREEMENT. ALL DEFERRED PAYMENTS OUTSTANDING AT THE TIME THE PROPERTY IS SOLD OR TITLE TRANSFERRED ARE SUBJECT TO RECAPTURE.
11. THE GOVERNMENT MAY AMEND OR CANCEL THE AGREEMENT AND COLLECT ANY AMOUNT OF REDUCTION GRANTED WHICH RESULTED FROM INCOMPLETE OR INACCURATE INFORMATION, AN ERROR IN COMPUTATION, OR ANY OTHER REASONS WHICH RESULTED IN PAYMENT ASSISTANCE OR DEFERRED MORTGAGE ASSISTANCE THAT THE BORROWER WAS NOT ENTITLED TO RECEIVE.
12. UPON THE FAILURE OF THE BORROWER TO MAKE THE PAYMENTS PRESCRIBED IN THIS AGREEMENT, THE GOVERNMENT, AT ITS OPTION AND SUBJECT TO ITS REGULATIONS, MAY DECLARE THE ENTIRE INDEBTEDNESS DUE TO THE GOVERNMENT IMMEDIATELY DUE AND PAYABLE.
13. NO TERMS OR CONDITIONS OF THE NOTE OR ANY RELATED SECURITY INSTRUMENT, OTHER THAN THE AMOUNT OF PAYMENT OR THE PAYMENT PLAN, SHALL BE AFFECTED BY THIS AGREEMENT.
14. THIS AGREEMENT IS SUBJECT TO THE PRESENT REGULATIONS OF RHS AND TO ITS FUTURE REGULATIONS NOT INCONSISTENT WITH THE EXPRESS PROVISIONS OF THIS AGREEMENT.
15. FOR LOANS APPROVED OR ASSUMED ON OR AFTER OCTOBER 1, 1979, ANY PAYMENT ASSISTANCE GRANTED AS A RESULT OF THIS AGREEMENT SHALL BE SUBJECT TO RECAPTURE BY THE GOVERNMENT WHEN THE PROPERTY SECURING THE LOAN IS SOLD, TITLE TO IT IS TRANSFERRED, OR WHEN IT IS NO LONGER OCCUPIED BY THE BORROWER.
16. IF THE DECISION CONTAINED IN THIS FORM RESULTS IN DENIAL, REDUCTION, OR CANCELLATION OF RHS ASSISTANCE, THE BORROWER MAY APPEAL THE DECISION AND HAVE A HEARING OR MAY REQUEST A REVIEW IN LIEU OF A HEARING.

FORM RECD 1944-14

UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL HOUSING SERVICE
PAYMENT ASSISTANCE/DEFERRED MORTGAGE ASSISTANCE AGREEMENT

FORM APPROVED
OMB NO. 0575-0172

EFFECTIVE: 05/21/10

PAYMENT PLAN: MONTHLY

AGRMT TYPE: NEW

ACCOUNT NUMBER	NOTE DATE	NOTE AMOUNT	MON INSTLMNT AT NOTE RATE	MONTHLY PAYMENT	MONTHLY PAYMENT ASSISTANCE
17128479	04/21/99	50,161.00	303.75	303.75	0.00

1. THIS AGREEMENT BETWEEN THE UNITED STATES OF AMERICA, ACTING THROUGH THE RURAL HOUSING SERVICE (RHS) PURSUANT TO SECTION 521 OF THE HOUSING ACT OF 1949, (CALLED "THE GOVERNMENT") AND THE BORROWER WHOSE NAME APPEARS BELOW (CALLED "THE BORROWER") SUPPLEMENTS PROMISSORY NOTES OR ASSUMPTION AGREEMENTS (CALLED "THE NOTE" WHETHER ONE OR MORE) FROM BORROWER TO THE GOVERNMENT AS DESCRIBED ABOVE.
2. ADJUSTED FAMILY INCOME LIMITS FOR
VERY LOW: \$0 LOW: \$0 MODERATE: \$0 AS OF 00/00/00
\$0 MEDIAN: \$0
3. HOUSEHOLD AND INCOME INFORMATION - TO BE COMPLETED BY THE BORROWER.
COMPLETE THE FOLLOWING FOR BORROWER, CO-BORROWER, AND ALL ADULT MEMBERS OF
THE HOUSEHOLD WHO WILL RECEIVE INCOME.

PLANNED INCOME

NAMES & ADDRESSES OF SOURCES OF INCOME

FINGERLAKE INDEPENDENCE CENTER No longer working
SS

ANNUAL REAL ESTATE TAXES (INCLUDING FOSTER CHILDREN)	RESIDING IN DWELLING 0
ANNUAL PROPERTY INSURANCE PREMIUM (DWELLING ONLY)	787.44
ANNUAL PROPERTY INSURANCE PREMIUM (DWELLING ONLY)	597.00

NOTICE: FAILURE TO DISCLOSE ACCURATE AND TRUTHFUL FINANCIAL INFORMATION MAY
RESULT IN THE TERMINATION OF PROGRAM ASSISTANCE CURRENTLY BEING RECEIVED, AND
THE DENIAL OF FUTURE PROGRAM ASSISTANCE.

WARNING: SECTION 1001 OF TITLE 18, UNITED STATES CODE, PROVIDES: "WHOEVER, IN
ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED
STATES KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK,
SCHEME, OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT
STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT
KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR
ENTRY, SHALL BE FINED UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE YEARS,
OR BOTH."

FORM RECD 1944-14

UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL HOUSING SERVICE

PAGE 2

PAYMENT ASSISTANCE/DEFERRED MORTGAGE ASSISTANCE AGREEMENT

4. INCOME & PAYMENT CALCULATIONS-TO BE COMPLETED BY RHS OFFICIAL OR DESIGNEE.

TOTAL ANNUAL INCOME	23,138.00
DEDUCTIONS	400.00
ADJUSTED ANN INCOME	22,738.00

MONTHLY INSTALLMENT BASED ON 1% EQUIVALENT INTEREST RATE	149.34
MONTHLY REAL ESTATE TAX PAYMENT	65.62
MONTHLY PROPERTY INSURANCE PAYMENT	49.75
TOTAL PITI	264.71
ADJUSTED INCOME X 24% / 12	454.76
MONTHLY NOTE RATE INSTALLMENT	303.75
MONTHLY PAYMENT	303.75
MONTHLY PAYMENT ASSISTANCE	0.00

5. SUBJECT TO THE PROVISIONS OF THIS AGREEMENT, THE BORROWER WILL PAY 303.75 DOLLARS PER MONTH FOR 24 MONTHS BEGINNING 05/21/10. THIS AGREEMENT MAY BE REVISED OR CANCELED AS PROVIDED BY THE CONDITIONS LISTED ON PAGE 3 OF THIS AGREEMENT.

PUBLIC REPORTING BURDEN FOR THIS COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 20 MINUTES PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND MAINTAINING THE DATA NEEDED, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. SEND COMMENTS REGARDING THIS BURDEN ESTIMATE OR ANY OTHER ASPECT OF THE COLLECTION OF INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THIS BURDEN, TO DEPARTMENT OF AGRICULTURE, CLEARANCE OFFICE, OIRM ROOM 404-W, WASHINGTON, D.C. 20250, AND TO THE OFFICE OF MANAGEMENT AND BUDGET, PAPERWORK REDUCTION PROJECT (OMB NO. 0575-0059), WASHINGTON, D.C. 20503.

United States Department of Agriculture
Rural Housing Service

Form Approved
OMB No. 0575-0166

Account #: 0017128479

SUBSIDY REPAYMENT AGREEMENT

- As required under Section 521 of the Housing Act of 1949 (42 U.S.C. 1490a), subsidy received in accordance with Section 502 of the Housing Act of 1949, is repayable to the Government upon the disposition or nonoccupancy of the security property. Deferred mortgage payments are included as subsidy under this agreement.
- When I fail to occupy or transfer title to my home, recapture is due. If I refinance or otherwise pay in full without transfer of title and continue to occupy the property, the amount of recapture will be calculated but, payment of recapture can be deferred, interest free, until the property is subsequently sold or vacated. If deferred, the Government mortgage can be subordinated but will not be released nor the promissory note satisfied until the Government is paid in full. In situations where deferment of recapture is an option, recapture will be discounted 25% if paid in full at time of settlement.
- Market value at time of initial subsidy \$ 53,000.00 less amount of Rural Housing Service (RHS) loans \$ 50,161.00 less amount of any prior liens \$ _____ equals my/our original equity \$ 2,839.00. This amount equals 5.4 % of the market value as determined by dividing original equity by the market value.
- If all loans are not subject to recapture, or if all loans subject to recapture are not being paid, complete the following formula. Divide the balance of loans subject to recapture that are being paid by the balance of all open loans. Multiply the result by 100 to determine the percent of the outstanding balance of open loans being paid.

months loan outstanding	Average interest rate paid							
	1%	1.1 2%	2.1 3%	3.1 4%	4.1 5%	5.1 6%	6.1 7%	> 7%
0 - 59	.50	.50	.50	.50	.44	.32	.22	.11
60 - 119	.50	.50	.50	.49	.42	.31	.21	.11
120 - 179	.50	.50	.50	.48	.40	.30	.20	.10
180 - 239	.50	.50	.49	.42	.36	.26	.18	.09
240 - 299	.50	.50	.46	.38	.33	.24	.17	.09
300 - 359	.50	.45	.40	.34	.29	.21	.14	.09
360 & up	.47	.40	.36	.31	.26	.19	.13	.09

6. Calculating Recapture

Market value (at the time of transfer or abandonment)
LESS:

- Prior liens
- RHS balance,
- Reasonable closing costs,
- Principal reduction at note rate,
- Original equity (see paragraph 3), and
- Capital improvements.

EQUALS

Appreciation Value. (If this is a positive value, continue.)

TIMES

- Percentage in paragraph 4 (if applicable),
- Percentage in paragraph 5, and

Return on borrower's original equity (100% - percentage in paragraph 3).

EQUALS

Value appreciation subject to recapture. Recapture due equals the lesser of this figure or the amount of subsidy received.

Borrower	Date
SUSAN M. KENNEDY	
Borrower	Date
<i>Susan M. Kennedy</i>	<i>4/21/99</i>

Exhibit D

DEPARTMENT OF HEALTH

Signature of Testator: Susan Kennedy
 Date: 7/27/84 AM DATE OF

Exhibit E

DIY Form

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF TOMPKINS

VOLUNTARY ADMINISTRATION, Estate of

SUSAN MARIE KENNEDY

Deceased.

**AFFIDAVIT IN RELATION TO
SETTLEMENT OF ESTATE
UNDER ARTICLE 13, SCPA**File No.: 2018-72STATE OF NEW YORK)
COUNTY OF Tompkins) ss.:I, **Thomas H Personius**, being duly sworn, depose and say:

- (1) My permanent address is:
- 64 Burns Rd, Brooktondale, NY 14817**

Telephone number: _____

Citizenship: USA

- (2) My interest is:
- Other – Boyfriend**

- (3) The name, permanent address, date, place of death, and citizenship of the decedent, to whose estate this proceeding relates, are as follows:

Name of Decedent: **Susan Marie Kennedy**Permanent address of Decedent: **40 Valley View Rd, Spencer, NY 14883**Date of Death: **November 28, 2017**Place of Death: **Syracuse, NY**Citizenship: **United States**

- (4) Decedent died:
- Intestate**
- (without a will)

- (5) A search of the records of the Court shows that no application has been made in the estate of the decedent for voluntary administration, letters of administration or for probate of a will, and your affiant is informed and verily believes that no such application ever has been made to any other Surrogate's Court in this State.

2018 MAR -6 PM 12:21

DIY Form

(6) The names and addresses of the decedent's distributees under New York law, including non-marital children and descendants of predeceased non-marital children, and their relationship to the decedent, are as follows:

Name	Address	Relationship
amy carl	104 n main street Cortland, NY 13045	Daughter
geanne kilts	main street Cortland, NY 13045	Daughter
brain leslee dennis	kirk rd Freeville, NY 13068	Son

(7) The decedent did not have a will.

(8) The value of the entire personal property, wherever located, of the decedent, exclusive of joint bank accounts, trust accounts, U.S. savings bonds POD (payable on death), and jointly owned personal property, or property exempt under EPTL § 5-3.1, **does not exceed \$30,000.00.**

(9) The following, exclusive of joint bank account, trust accounts, U.S. savings bonds POD (payable on death), and jointly owned personal property, or property exempt under EPTL § 5-3.1, is a complete list of all personal property owned by the decedent, either standing in her own name or owned by her beneficially and including items of value in any safe deposit box:

Item of Personal Property	Value of Item
Refund Check from Main St America Assurance Co.	1772.47
# 4199318 Payable to Thomas H. Personius + Susan M. Kennedy	
Total:	\$ 1772.47

(10) All the liabilities of the decedent known to me are as follows: **NONE**

Name of Creditor	Amount Owed
Thomas Personius - funeral expenses	\$ 450 ⁰⁰
Dept of Social Services - ?? bal of funeral	
Total:	\$

(11) I undertake to act as voluntary administrator of the decedent's estate and to administer it pursuant to Article 13 of the Surrogate's Court Procedure Act. I agree to reduce all of the decedent's assets to possession; to liquidate such assets to the extent necessary; to open an

DIY Form

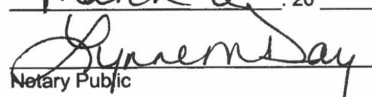
estate bank account in a bank of deposit or savings bank in this state, in which I shall deposit all money received; to sign all checks drawn on or withdrawals from such account in the name of the estate by myself, as voluntary administrator, to pay the expenses of administration, the decedent's reasonable funeral expenses and her debts in the order provided by law; and to distribute the balance to the person or persons and in the amount or amounts provided by law. As voluntary administrator, I shall file in this court an account of all receipts and of disbursements made.

(12) I understand that this proceeding will not determine the estate tax liability, if any, in the event that the decedent had any interest in real property or any joint bank accounts, trust accounts, U.S. savings bond POD (payable on death), or jointly owned or trust property.

(13) If letters testamentary or of administration are later granted, I acknowledge that my powers as voluntary administrator shall cease, and I shall deliver to the court-appointed fiduciary a complete statement of my account and all assets and fund of the estate in my possession.


 Thomas H Personius

Sworn to before me this

March 6, 2018

 Notary Public

LYNNE M. DAY
 Notary Public, State of New York
 No. 01DA4896030
 Qualified in Tompkins County
 Commission Expires May 18, 2019

If you do not have a lawyer, complete this section with your information:

Signature of Attorney: _____
 Print Name of Attorney: _____
 Firm Name: _____ Tel. No.: _____
 Address of Attorney: _____

Exhibit F



**United States
Department of
Agriculture**

Rural Development
Centralized Servicing Center
P.O. Box 66827
St. Louis, MO 63166
(800) 793-8861 (Voice)
(800) 438-1832 (TDD/TTY Hearing Impaired Only) or
(314) 457-4450 (FAX)

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

SUSAN M KENNEDY
40 VALLEY VIEW RD
SPENCER

NY 14883

0017128479 12000

BCP

SUBJECT: NOTICE OF ACCELERATION OF YOUR MORTGAGE LOAN(S); NOTICE OF INTENT TO FORECLOSE; AND NOTICE OF YOUR OPPORTUNITY TO HAVE A HEARING CONCERNING THIS ACTION.

Dear SUSAN M KENNEDY

PLEASE TAKE NOTE that the entire indebtedness due on the promissory note(s) and/or assumption agreement(s) which evidence the loan(s) received by you from the United States of America, acting through the United States Department of Agriculture Rural Housing Program (RHS), formerly Farmers Home Administration, is now declared immediately due and payable. If payment in full is not made, the RHS intends to enforce its real estate mortgage(s) or deed(s) of trust given to secure the indebtedness by foreclosure of its lien(s) on your house.

<u>Account Number(s)</u>	<u>Date of Instruments</u>	<u>Amount</u>
0017128479	04/21/99	50161.00

The recent bankruptcy proceeding filed by you has resulted in a discharge of the debt(s) owed by you to RHS so nothing contained in this notice should be construed as an attempt by RHS to collect or enforce the debt(s) as your personal obligation. However, RHS is entitled to collect the debt(s) by way of foreclosure of its lien(s) on your house.

This acceleration of your indebtedness is made in accordance with the authority granted in the above-described instrument(s). The reason(s) for the acceleration of your indebtedness is (are) as follows:

MONETARY DEFAULT

The balance of the account is \$ 33436.33 unpaid principal and
\$ 692.21 unpaid interest, as of 01/16/18 , plus additional interest accruing at the rate
of \$ 5.8399 per day thereafter, plus additional advances to be made by the United States
for the protection of its security, the interest accruing on any such advances, fees, or late charges,
and the amount of subsidy to be recaptured in accordance with the Subsidy Repayment Agreement.

USDA is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Unless full payment of this indebtedness is received within 30 days from the date of this letter, the United States will take action to foreclose its lien on your house and to pursue any other available remedies. **Payment should be made by cashier's check, certified check, or postal money orders payable to the USDA/RD and mailed to the following address:**

USDA-Rural Development
P.O. Box 790170
St. Louis, MO 63179-0170

If you submit to the United States any payment insufficient to pay the account in full or insufficient to comply with any arrangements agreed to between the RHS and yourself, the payment WILL NOT CANCEL the effect of this notice. If insufficient payments are received and credited to your account, no waiver or prejudice of any rights which the United States may have will result and the RHS may proceed as though no such payments had been made.

YOUR RIGHT TO A DISCUSSION WITH RHS - You have the opportunity to discuss this decision to accelerate your loan(s) with a RHS official or have an administrative appeal hearing before the foreclosure takes place. This is an opportunity to discuss why you believe the United States is in error in accelerating your loan(s) and proceeding with foreclosure. If you desire to have an informal discussion with an RHS official or have any questions concerning this decision or the facts used in making this decision, you should contact this office in writing. The request for an informal discussion must be sent to the undersigned no later than 01/31/18. Requests which are postmarked by the U. S. Postal Service on or before that date will be considered as timely received. You also have the right to an administrative appeal hearing with a hearing officer instead of, or in addition to, an informal discussion with this office. If you request an informal discussion with an RHS official, and this does not result in a decision in which you concur, you will be given a separate time frame in which to submit your request for an administrative appeal. See the attachment for your appeal rights.)

YOUR RIGHT TO AN ADMINISTRATIVE APPEAL HEARING - If you do not wish to have an informal discussion with an RHS official as outlined above, you may request an administrative appeal with a member of the National Appeals Division Area Supervisor, no later than 30 days after the date on which you received this notice. Requests which are postmarked by the U.S. Postal Service on or before that date will be considered as timely received as requesting an administrative appeal. Please include a copy of this letter with your request.

If you fail to comply with the requirement outlined, the United States plans to proceed with foreclosure. You may avoid foreclosure by (1) refinancing your RHS loan(s) with a private or commercial lender or otherwise paying your indebtedness in full; (2) selling the property for its fair market value and applying the proceeds to your loan(s); (3) transferring the loan(s) and property to an eligible or ineligible applicant with RHS approval; or (4) conveying the property to the Government with RHS approval. Please contact our Centralized Servicing Center office at 1-800-793-8861, if you desire to satisfy your loan(s) by one of the above methods.



You cannot be discriminated against in a credit transaction because of your race, color, religion, national origin, sex, marital status, handicap, or age (if you have the legal capacity to enter into a contract). You cannot be denied a loan because all or a part of your income is from a public assistance program. If you believe you have been discriminated against for any of these reasons, you should write to the Secretary of Agriculture, Washington, D.C. 20250.

You cannot be discriminated against in a credit transaction because you in good faith exercised your rights under the Consumer Credit Protection Act. The Federal Agency responsible for seeing this law is obeyed is the Federal Trade Commission, Washington, D.C. 20580.

For questions regarding your account, please call Default Management toll free at 1-800-793-8861 or 1-800-438-1832 (TDD/TTY Hearing Impaired Only), 7:00 a.m. to 5:00 p.m., Monday through Friday, Central Time. Please refer to your Account number when you write or call us. Thank you.

UNITED STATES OF AMERICA
BY

A handwritten signature in black ink, reading "Thomas B. Herron", is written over the "BY" line.

Thomas B Herron
Director, Default Management Branch
Rural Development
United States Department of Agriculture

Date: 01/16/18
Attachment
CC: State Office

This letter was mailed certified and regular mail on 01/16/18 .

Exhibit G



May 21, 2018

Estate of Susan M Kennedy
40 Valley View Road
Spencer, NY 14883

**YOU MAY BE AT RISK OF FORECLOSURE. PLEASE READ THE
FOLLOWING NOTICE CAREFULLY.**

As of 05/18/2018, your home loan is 209 days and \$2,376.48 dollars in default. Under New York State Law, we are required to send you this notice to inform you that you are at risk of losing your home. Attached to this notice is a list of government approved housing counseling agencies in your area which provide free counseling. You can also call the NYS Office of the Attorney General's Homeowner Protection Program (HOPP) toll-free consumer hotline to be connected to free housing counseling services in your area at 1-855-HOME-456 (1-855-466-3456), or visit their website at <http://www.aghomehelp.com/>. A statewide listing by county is also available at http://www.dfs.ny.gov/consumer/mortg_nys_np_counseling_agencies.htm. Qualified free help is available; watch out for companies or people who charge a fee for these services.

Housing counselors from New York-based agencies listed on the website above are trained to help homeowners who are having problems making their mortgage payments and can help you find the best option for your situation. If you wish, you may also contact us directly at 315-477-6423 and ask to discuss possible options.

**Rural Development • New York State Office
Single Family Housing Division
441 South Salina Street, Suite 357 • Syracuse, NY 13202
Voice (315) 477-6423 • Fax (855) 477-8531 • TDD 800-421-1220 (711)**

USDA is an equal opportunity provider, employer, and lender.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

While we cannot assure that a mutually agreeable resolution is possible, we encourage you to take immediate steps to try to achieve a resolution. The longer you wait, the fewer options you may have.

If you have not taken any actions to resolve this matter within 90 days from the date this notice was mailed, we may commence legal action against you (or sooner if you cease to live in the dwelling as your primary residence.)

If you need further information, please call the New York State Department of Financial Services' toll-free helpline at 1-888-995-4673 or visit the Department's website at www.sfs.ny.gov.

IMPORTANT: You have the right to remain in your home until you receive a court order telling you to leave the property. If a foreclosure action is filed against you in court, you still have the right to remain in the home until a court orders you to leave. You legally remain the owner of and are responsible for the property until the property is sold by you or by order of the court at the conclusion of any foreclosure proceedings. This notice is not an eviction notice, and a foreclosure action has not yet been commenced against you.

Sincerely,



Jennifer Jackson
Single Family Housing Program Director

Help for Homeowners in Foreclosure

New York State Law requires that we send you this notice about the foreclosure process. Please read it carefully.

Summons and Complaint

You are in danger of losing your home. If you fail to respond to the summons and complaint in this foreclosure action, you may lose your home. Please read the summons and complaint carefully. You should immediately contact an attorney or your local legal aid office to obtain advice on how to protect yourself.

Sources of Information and Assistance

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RIGHTS AND OBLIGATIONS

YOU ARE NOT REQUIRED TO LEAVE YOUR HOME AT THIS TIME. YOU HAVE THE RIGHT TO STAY IN YOUR HOME DURING THE FORECLOSURE PROCESS. YOU ARE NOT REQUIRED TO LEAVE YOUR HOME UNLESS AND UNTIL YOUR PROPERTY IS SOLD AT AUCTION PURSUANT TO A JUDGMENT OF FORECLOSURE AND SALE. REGARDLESS OF WHETHER YOU CHOOSE TO REMAIN IN YOUR HOME, YOU ARE REQUIRED TO TAKE CARE OF YOUR PROPERTY AND PAY PROPERTY TAXES IN ACCORDANCE WITH STATE AND LOCAL LAW.

Foreclosure Rescue Scams

Be careful of people who approach you with offers to "save" your home. There are individuals who watch for notices of foreclosure actions in order to unfairly profit from a homeowner's distress. You should be extremely careful about any such promises and any suggestions that you pay them a fee or sign over your deed. State law requires anyone offering such services for profit to enter into a contract which fully describes the services they will perform and fees they will charge, and which prohibits them from taking any money from you until they have completed all such promised services.

THE DEPARTMENT OF AGRICULTURE
115 SALINA STREET
SYRACUSE, NY 13202-2425

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

2018 JUN -5 PM 12:02

Estate of Susan M Kennedy
40 Valley View Road
Spencer, NY 14883

NIXIE
148833006-1N
RETURN TO SENDER
DECEASED
UNABLE TO FORWARD
RETURN TO SENDER





United States Department of Agriculture

Certified Mail#70121640000042784879

May 21, 2018

Estate of Susan M Kennedy
40 Valley View Road
Spencer, NY 14883

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**Rural Development • New York State Office
Single Family Housing Division**
441 South Salina Street, Suite 357 • Syracuse, NY 13202
Voice (315) 477-6423 • Fax (855) 477-8531 • TDD 800-421-1220 (711)

USDA is an equal opportunity provider, employer, and lender.

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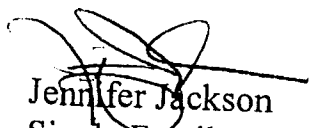
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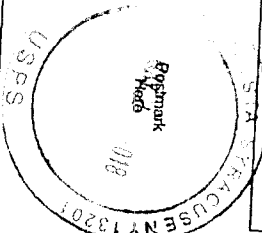
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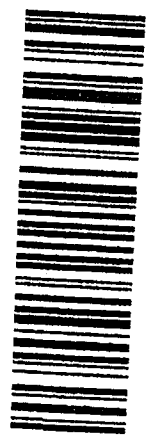
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7012 1640 0000 4278 4879

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
POSTAGE TOTAL \$	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
	
Sent To	Estate of Susan Kennedy
Street Apt. No. or PO Box No.	40 Valley View Road
City, State, ZIP+4	Syracuse NY 14883
PS Form 3800, August 2006 See Reverse for Instructions	

441 S. SALINA ST., STE. 357
SYRACUSE, NY 13202-2425

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300



7012 1640 0000 4278 4879

Return Receipt Requested

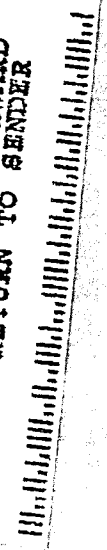
Estate of Susan M Kennedy
40 Valley View Road
Spencer, NY 14883

NIXIE

148833006-1N

05/31/18

RETURN TO SENDER
DECEASED
UNABLE TO FORWARD
RETURN TO SENDER



2018 JUN 15 PM 2 72

062S1283053373
13202



Edwards

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Estate of Susan M
Kennedy
40 Valley View Road,
Spencer, NY, 14883

2. Article Number
(Transfer from service label)

7012 1640 0000 4278 4879

PS Form 3811, February 2004

Domestic Return Receipt

102565-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature**☒ X
☐ Agent
☐ Addressee
B. Received by (Printed Name)**C. Date of Delivery**

D. Is delivery address different from Item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)☐ Yes

United States Department of Agriculture

Certified Mail#70121640000042783674

May 21, 2018

Estate of Susan M Kennedy
Brian Dennis
9 Bills Way
Freeville, NY 13068

YOU MAY BE AT RISK OF FORECLOSURE. PLEASE READ THE
FOLLOWING NOTICE CAREFULLY.

As of 05/18/2018, your home loan is 209 days and \$2,376.48 dollars in default. Under New York State Law, we are required to send you this notice to inform you that you are at risk of losing your home. Attached to this notice is a list of government approved housing counseling agencies in your area which provide free counseling. You can also call the NYS Office of the Attorney General's Homeowner Protection Program (HOPP) toll-free consumer hotline to be connected to free housing counseling services in your area at 1-855-HOME-456 (1-855-466-3456), or visit their website at <http://www.aghomehelp.com/>. A statewide listing by county is also available at http://www.dfs.ny.gov/consumer/mortg_nys_np_counseling_agencies.htm. Qualified free help is available; watch out for companies or people who charge a fee for these services.

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Rural Development • New York State Office
Single Family Housing Division
441 South Salina Street, Suite 357 • Syracuse, NY 13202
Voice (315) 477-6423 • Fax (855) 477-8531 • TDD 800-421-1220 (711)

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Single Family Housing Program Director

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

7012 1640 0000 4278 3674

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

ANTOWN STA. SYRACUSE NY
 MAY 23 2018

Sent To: Brian Dennis (Estate of Susan Kennedy)
 Street, Apt. No.,
 or PO Box No. 9 Bills Way
 City, State, ZIP+4 Freeville, NY, 13068

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Brian Dennis
Estate of Susan Kennedy
9 Bills Way
Freeville, NY, 13068

2. Article Number
 (Transfer from service label) 7012 1640 0000 4278 3674

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Brian L. Dennis ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Brian Dennis

C. Date of Delivery
5/23/18

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540

Certified Mail #70121640000042784794

May 21, 2018

Estate of Susan M Kennedy
Amy Carl
104 N. Main Street
Cortland, NY 13045

**YOU MAY BE AT RISK OF FORECLOSURE. PLEASE READ THE
FOLLOWING NOTICE CAREFULLY.**

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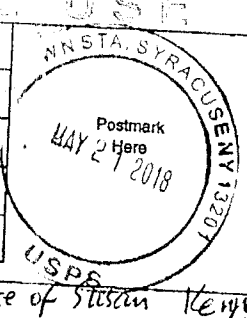
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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <i>Amy J. Carl</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Amy J. Carl</i></p> <p>C. Date of Delivery <i>5/3/18</i></p>	
<p>1. Article Addressed to:</p> <p><i>Amy Carl</i> <i>Estate of Susan Kennedy</i> <i>104 N. Main Street</i> <i>Cortland, NY, 13045</i></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, February 2004</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>Domestic Return Receipt</p> <p>102595-02-M-1840</p>	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To <i>Amy Carl (Estate of Susan Kennedy)</i></p> <p>Street, Apt. No., or PO Box No. <i>104 N. Main Street</i></p> <p>City, State, ZIP+4 <i>Cortland, NY, 13045</i></p> <p>PS Form 3800, August 2006</p> <p>See Reverse for Instructions</p>	



Certified Mail#70121640000042784800

May 21, 2018

Estate of Susan M Kennedy
Jeannie Kilts
154 Penguin Trailer Park
Cortland, NY 13045

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Sources of Information and Assistance

The State encourages you to become informed about your options in foreclosure. In addition to seeking assistance from an attorney or legal aid office, there are government agencies and non-profit organizations that you may contact for information about possible options, including trying to work with your lender during this process.

To locate an entity near you, you may call the toll-free helpline maintained by the New York State Department of Financial Services at (800) 342-3736 or visit the Department's website at www.dfs.ny.gov.

RIGHTS AND OBLIGATIONS

YOU ARE NOT REQUIRED TO LEAVE YOUR HOME AT THIS TIME. YOU HAVE THE RIGHT TO STAY IN YOUR HOME DURING THE FORECLOSURE PROCESS. YOU ARE NOT REQUIRED TO LEAVE YOUR HOME UNLESS AND UNTIL YOUR PROPERTY IS SOLD AT AUCTION PURSUANT TO A JUDGMENT OF FORECLOSURE AND SALE. REGARDLESS OF WHETHER YOU CHOOSE TO REMAIN IN YOUR HOME, YOU ARE REQUIRED TO TAKE CARE OF YOUR PROPERTY AND PAY PROPERTY TAXES IN ACCORDANCE WITH STATE AND LOCAL LAW.

Foreclosure Rescue Scams

Be careful of people who approach you with offers to "save" your home. There are individuals who watch for notices of foreclosure actions in order to unfairly profit from a homeowner's distress. You should be extremely careful about any such promises and any suggestions that you pay them a fee or sign over your deed. State law requires anyone offering such services for profit to enter into a contract which fully describes the services they will perform and fees they will charge, and which prohibits them from taking any money from you until they have completed all such promised services.

7012 1640 0000 4278 4800

U.S. Postal ServiceTM	
CERTIFIED MAILTM RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

OWNSEA SYRACUSE
JUN 1 2018
Postmark Here
USPS

Sent To	JEANNIE KITS (ESTATE of Susan Kennedy)
Street, Apt. No., or PO Box No.	154 Penguin Trailer Park
City, State, ZIP+4	Cortland, NY, 13045

PS Form 3800, August 2006 See Reverse for Instructions

UNITED STATES DEPARTMENT OF AGRICULTURE

USDA RURAL DEVELOPMENT
441 S. SALINA ST. STE 357
SYRACUSE, NY 13202-2425

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300



7012 1640 0000 4278 4800

Return Receipt Requested

02300-6615910500 5564720251 :09
UNABLE TO FORWARD
RETURN TO SENDER
DECLARED
1 30 DE 1
81/41/9000
NIXIE

Estate of Susan M Kennedy
Jeannie Kilts
154 Penguin Trailer Park
Cortland, NY 13045

Handwritten: L.N. 5-25-18

Handwritten: 5/25
5/30
6/9

826271 12
\$7.50
US POSTAGE
FIRST-CLASS
06251283053373
13202



CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

United States of America, Acting Through the Rural Housing Service or Successor Agency, United States Department of Agriculture

(b) County of Residence of First Listed Plaintiff _____
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)
John Manfredi

Manfredi Law Group, PLLC 302 E. 19th Street, Suite 2A, NY, NY 10003
347 614 7006

DEFENDANTS

Thomas H. Personius, as voluntary administrator of the Estate of Susan M. Kennedy deceased, et al.

County of Residence of First Listed Defendant Tompkins
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☒ 1 U.S. Government Plaintiff
☐ 2 U.S. Government Defendant
☐ 3 Federal Question (U.S. Government Not a Party)
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: [Nature of Suit Code Descriptions.](#)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input checked="" type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
☐ 2 Removed from State Court
☐ 3 Remanded from Appellate Court
☐ 4 Reinstated or Reopened
☐ 5 Transferred from Another District (specify)
☐ 6 Multidistrict Litigation - Transfer
☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):
Title 28, United States Code, Section 1345.

Brief description of cause:
foreclose on mortgage

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.
DEMAND \$
56,475.38

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☒ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE _____

DOCKET NUMBER _____

DATE

02/08/2019

SIGNATURE OF ATTORNEY OF RECORD

/s/ John Manfredi

FOR OFFICE USE ONLY

RECEIPT # _____

AMOUNT

WAIVED

APPLYING IFP _____

JUDGE

TJM

MAG. JUDGE

DEP

INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44

Authority For Civil Cover Sheet

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

- I.(a) Plaintiffs-Defendants.** Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.
- (b) County of Residence.** For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)
- (c) Attorneys.** Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".
- II. Jurisdiction.** The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.
 United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here.
 United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.
 Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.
 Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; **NOTE: federal question actions take precedence over diversity cases.**)
- III. Residence (citizenship) of Principal Parties.** This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.
- IV. Nature of Suit.** Place an "X" in the appropriate box. If there are multiple nature of suit codes associated with the case, pick the nature of suit code that is most applicable. Click here for: [Nature of Suit Code Descriptions](#).
- V. Origin.** Place an "X" in one of the seven boxes.
 Original Proceedings. (1) Cases which originate in the United States district courts.
 Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441. When the petition for removal is granted, check this box.
 Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.
 Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.
 Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.
 Multidistrict Litigation – Transfer. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407.
 Multidistrict Litigation – Direct File. (8) Check this box when a multidistrict case is filed in the same district as the Master MDL docket.
PLEASE NOTE THAT THERE IS NOT AN ORIGIN CODE 7. Origin Code 7 was used for historical records and is no longer relevant due to changes in statute.
- VI. Cause of Action.** Report the civil statute directly related to the cause of action and give a brief description of the cause. **Do not cite jurisdictional statutes unless diversity.** Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service
- VII. Requested in Complaint.** Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.
 Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction.
 Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.
- VIII. Related Cases.** This section of the JS 44 is used to reference related pending cases, if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.

Date and Attorney Signature. Date and sign the civil cover sheet.